

Name
in
FullRaymond Bacon Almy
Town
Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at

Seminole

Baltimore

Date

1905

Month

Aug

Day

17

Years

Age

Months

6

Days

22

Sex

male

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James T. Almy

Father's
Birthplace

md

Mother's
Maiden Name

Verena Bond

Mother's
Birthplace

md

Name of person giving
In formation

Verena Almy

How related
to deceased

mother

CAUSES OF DEATH

Primary

Meningitis

How long

3 days

Immediate

Meningitis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

William D. Stirling

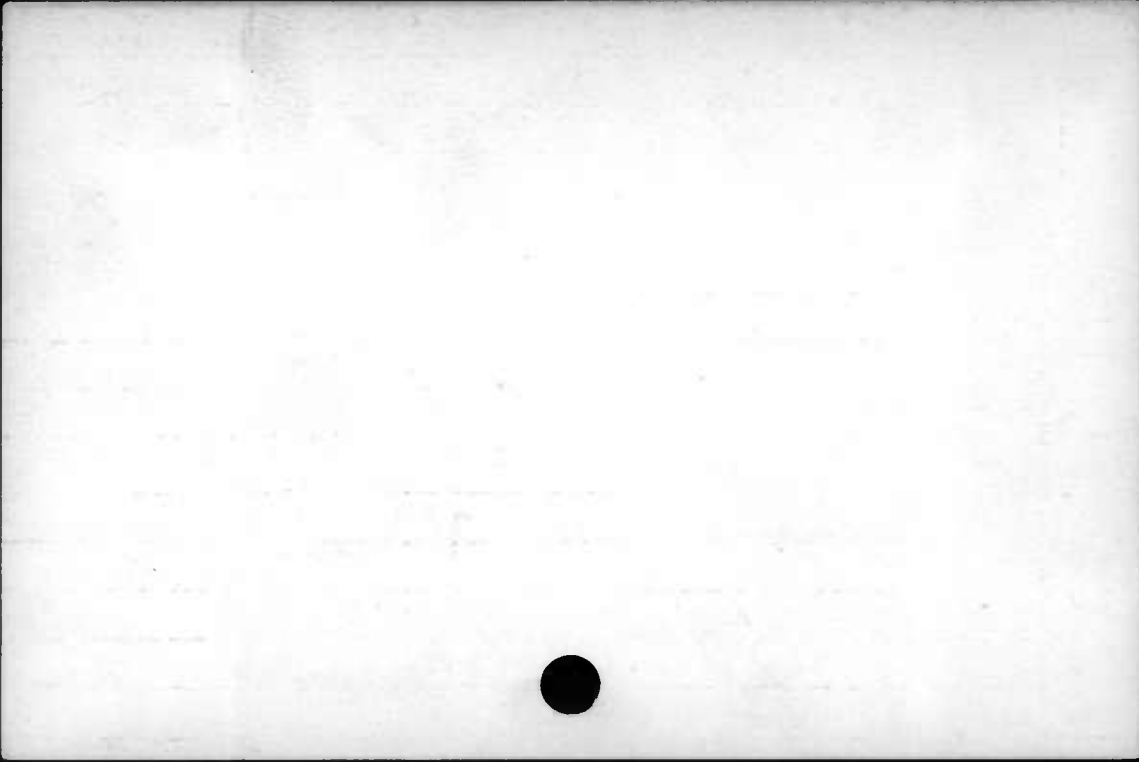
Address

Shane

Accident or Suicide?

md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

MARYLAND

How related to deceased *L. Chur*

CAUSES OF DEATH

Accident or Suicide?

As Uaup Hall
3539 Falls Road

Aug. 19-05

Mr. Mary Ann
Baltimore

Name
in
Full

CERTIFICATE OF DEATH

William H Barnes
Town *Granith* County *Balto*

MARYLAND

Died at *Granith*
Date of death *1905 Aug 8* Age *1* Months *5* Days *10*
Sex *male* Color or Race *Black* Birth-place *Granith Ind*
Occupation *none* Where Residing if not at place of death *Granith Ind*
Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *George Barnes* Father's Birthplace *Charles Co Ind*
Mother's Maiden Name *Myrtha Marshall* Mother's Birthplace *Charles Co Ind*
Name of person giving information *George Barnes* How related to deceased *Father*

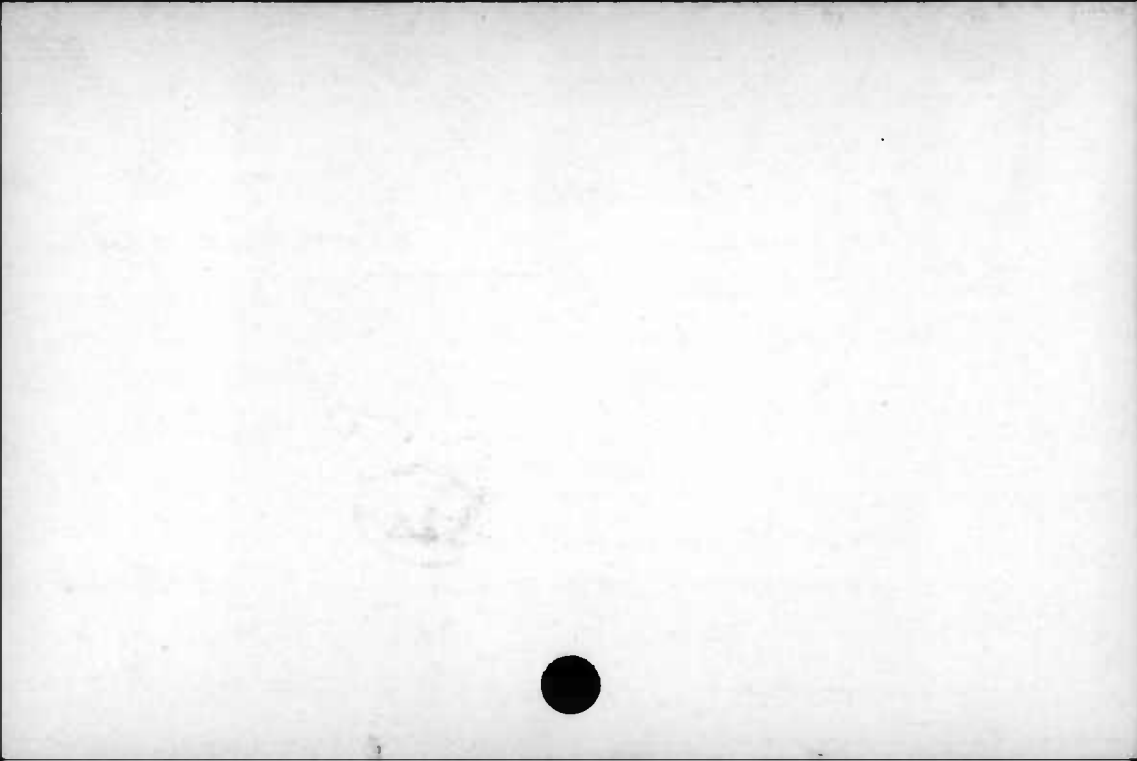
CAUSES OF DEATH

Primary *Acute Miliary Tuberculosis* How long *about 1 year*
Immediate *Exhaustion & Coma* How long *Several days*

Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *A. O. Stupley, M.D.* Address *Granith Ind*
Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

George W. H. Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>8</u>	Day <u>11</u>	Age	Years	Months <u>6</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>John F. Becker</u>	Father's Birthplace <u>Balto</u>				
Mother's Maiden Name <u>Mary Bader</u>	Mother's Birthplace <u>Balto</u>				
Name of person giving information <u>John F. Becker</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary <u>Itanus rectorum</u>	How long <u>3 days</u>
Immediate <u>Expansion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>David W. Jones</u>
	Address <u>3116 O'Donnell St</u>
Accident or Suicide? <u>—</u>	

Mount Carroll
H. Sander & Sons

Name
in
Full

B. G. Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lowson</i>		County <i>Bulth.</i>		MARYLAND	
Date of death	190 <i>5</i>	Month <i>Aug</i>	Day <i>28</i>	Age <i>34</i>	Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Butcher</i>	Where Residing if not at place of death <i>Stewartstown Pa.</i>				
Married, Male or Widowed	Name of Wife or Husband <i>Kate Bell</i>				
Father's Name <i>Harrison Bell</i>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long
Immediate <i>Uremic Convulsions</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Gay sen. M.D.</i>
	Address <i>Lowson Md</i>
Accident or Suicide?	

Wm L. Mamma

Stewartstown Pa

Burnt at once

Name
in
Full

Clara. C. Bosley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Towson</u> <small>Town</small>		<u>Ballo.</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Year</small>	<u>Aug.</u> <small>Month</small>	<u>7</u> <small>Day</small>	Age <u>5</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Towson</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Harry Bosley</u>	Father's Birthplace <u>Ballo.</u>				
Mother's Maiden Name <u>Josephine Bosley</u>	Mother's Birthplace <u>Delaware</u>				
Name of person giving information <u>Harry Bosley</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General Debility - Anemia</u>	How long <u>About 2 months</u>
Immediate <u>Exhaustion -</u>	How long <u>about 6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>J. H. Hawkins M.D.</u>
	Address <u>Towson, Maryland.</u>
Accident or Suicide? <u>—</u>	

John Burns Sons
Prospect Hill
Conn.
London

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Lawrence H. Bosley* Town *Rayville* County *Balt*

Died at *Rayville* *Balt*

Date of death *1905* Month *8* Day *1* Age *—* Years *—* Months *1* Days *21*

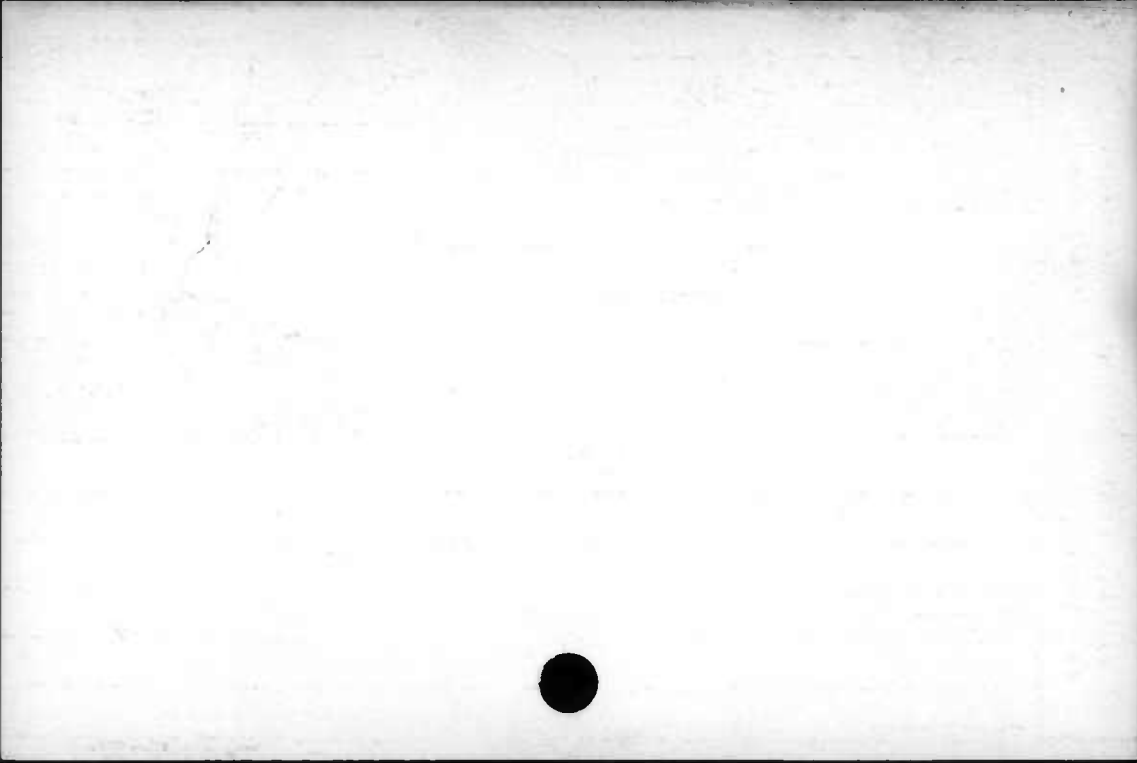
Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *Alfred Bosley*Father's
Birthplace *Md*Mother's
Maiden Name *Louisa Bosleys*Mother's
Birthplace *Md*Name of person giving
In formation *Alfred Bosley*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Marasmus*How long *6 weeks*Immediate *"*How long *"*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *R R Morris*Address *Parkton*Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Bass Jr.</i>		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND									
Died at		Date of death <i>1905</i>		Month <i>Aug</i>		Day <i>12</i>		Age Years <i>8</i>		Months <i>2</i>		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>		Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>John Bass Sr.</i>		Father's Birthplace <i>Germany</i>		Mother's Maiden Name <i>Margie Rohrig</i>		Mother's Birthplace <i>U. S.</i>		Name of person giving information <i>John Bass</i>		How related to deceased <i>father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>(3)</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. Warner</i>	
		Address <i>St. Michaels Co.</i>	
Accident or Suicide? <i>no</i>			

D. Warner.

Mount Carmel
H. Sander & Son

Name
in
Full

Mary Ann Brooks

CERTIFICATE OF DEATH

Died at Calverville

Town

Baltimore

County

MARYLAND

Date of death 1905 Aug

Month

Day 3

Age 79

Years

Months 11

Days 20

Sex Female

Color or
Race

White

Birth-
place

England

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed WidowedName of Wife or
Husband

Nathaniel C Brooks

Father's
Name

Joseph Radcliffe

Father's
Birthplace

England

Mother's
Maiden Name

Hannah Heathcote

Mother's
Birthplace

"

Name of person giving
In formation

Maggie Howard Pfeiffer

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Progressive Senility

How long

2 weeks

Immediate

Enterocolitis

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

M. S. Maffield

Calverville Md.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward

Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Texas</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 190	<i>5</i> Month	<i>10</i> Day	Age <i>26</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Texas</i>		
Married , Single or Widowed			Occupation <i>Laborent</i>		
Name of Wife or Husband					
Father's Name <i>Wm Brown</i>			Father's Birthplace <i>Balto - Md</i>		
Mother's Maiden Name <i>Eliza Parks</i>			Mother's Birthplace <i>Chestnut Ridge Md</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pertontitis</i>	How long <i>a week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. C. Bussey MD</i>
	Address <i>Texas Md</i>
Accident or Suicide?	

To Be Perished By
Emsen & Price
at Major's Cemetery
Chesnut Ridge

Name

in
Full

CERTIFICATE OF DEATH

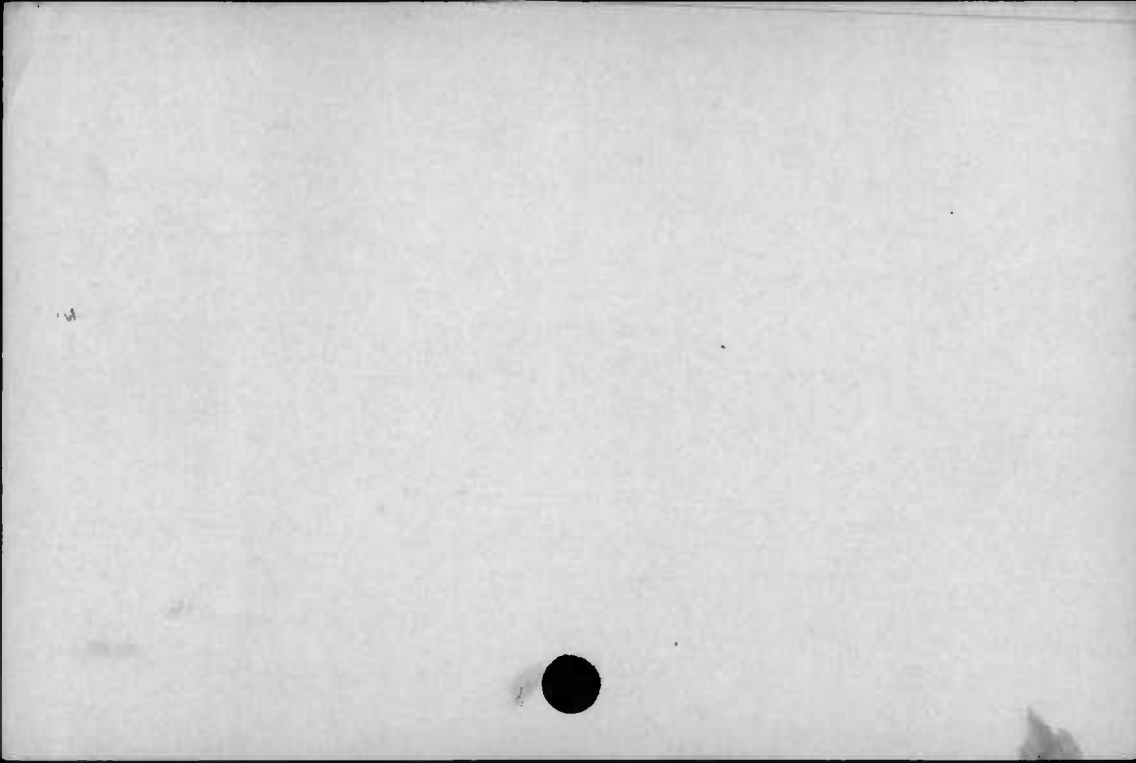
TO BE ANSWERED BY
NEAREST FRIEND

Died at Rossville ^{Town}		County Balto.		MARYLAND	
Date of death	1905	Month	August	Day	6
Sex Male		Color or Race White		Age Years Months 4	
Occupation _____		Where Residing if not at place of death Rossville		Birth-place Rossville	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name William Burk		Father's Birthplace Balto. Co.			
Mother's Maiden Name Kate Mardel		Mother's Birthplace Germany			
Name of person giving information William Burk		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions	How long	Four Hours
Immediate	Yes.	How long	Four Hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician William J Jenkins	
		Address as above	
Accident or Suicide?		Middle River	



Name
in
Full

James W. Caperton

CERTIFICATE OF DEATH

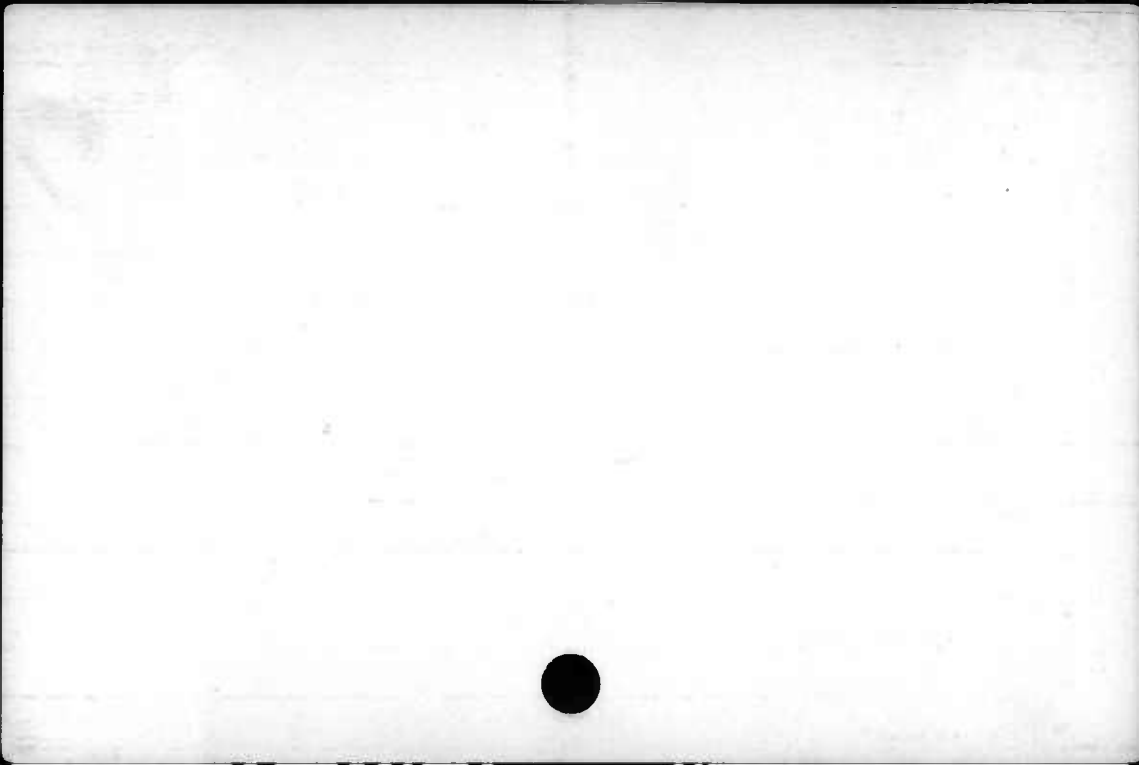
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1905	Month <i>8</i>	Day <i>22</i>	Age	Years <i>61</i>	Months	Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Georgetown</i>
Married, Single or Widowed	<i>Married</i>			Occupation			<i>none</i>
Name of Wife or Husband	<i>Emma R. Caperton</i>						
Father's Name	<i>Hugh Caperton</i>				Father's Birthplace	<i>W. Va</i>	
Mother's Maiden Name	<i>Elyah Ch. Mosher</i>				Mother's Birthplace	<i>Baltimore</i>	
Name of person giving In formation	<i>Hugh Caperton</i>				How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>		How long	<i>about 6 weeks</i>
Immediate	<i>"</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>W. E. M. M.</i>
			Address	<i>Princeton Md</i>
Accident or Suicide?				



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Helen Anthony Carr.</i>		Town <i>Arlington</i>		County <i>Balto.</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 Aug</i>		<i>9</i>		<i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Arlington</i>		Days <i>9</i>	
Occupation <i>Baby.</i>		Where Residing if not at place of death <i>Arlington</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John I Carr</i>		Father's Birthplace <i>Balto.</i>					
Mother's Maiden Name <i>Mary A McNamee</i>		Mother's Birthplace <i>Balto.</i>					
Name of person giving information <i>John I Carr</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchial Pneumonia</i>	How long <i>one week.</i>
Immediate <i>Convulsions</i>	How long <i>8 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>M. W. Coe, M.D.</i>
	Address <i>Arlington</i>
Accident or Suicide?	

Henry W. Means Mrs Low,
Cathedral Cemetery
Baltimore

Name
in
Full

Not named

Chapman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Louisa</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>5</u>	Month <u>August</u>	Day <u>24th</u>	Age <u>Ten hours</u>	Months <u></u>	Days <u></u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Louisa</u>		
Married Single or Widowed			Occupation		
Name of Wife or Husband <u>Charles B Chapman</u>					
Father's Name <u>do do</u>			Father's Birthplace <u>Baltimore Co</u>		
Mother's Maiden Name <u>Josephine Chatterton</u>			Mother's Birthplace <u>Baltimore Co</u>		
Name of person giving information <u>Revin Lanning</u>			How related to deceased <u>Niece</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Inanition</u>	How long <u>Ten hours</u>
Immediate <u>do</u>	How long <u>do</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. H. Jarrett M.D.</u>
	Address <u>Louisa Ind.</u>
Accident or Suicide?	

Harry Schultz

Fork Mo

Bradshaw Md

Name
in
Full

Martha A. Chenoweth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Loch Raven		County Baltimore		MARYLAND	
Date of death 1905	Month Aug.	Day 22 nd	Age 71	Years	Months 0.	Days 0.	
Sex Female	Color or Race White		Birth- place Prussia.				
Married, Single or Widowed Widow.		Occupation Housekeeper.					
Name of Wife or Husband		Chas. Chenoweth.					
Father's Name Martin Doll		Father's Birthplace Germany.					
Mother's Maiden Name		Mother's Birthplace France					
Name of person giving In formation Chas. Chenoweth		How related to deceased Son.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-enteritis.	How long	Several months.
Immediate	Assthenia.	How long	Several days.
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician H. J. Harrison.	
		Address Loch Raven.	
Accident or Suicide?			

Balt. Cms.
John Burrows Sons

Name
in
Full

Ed Joshua W. Cooney

CERTIFICATE OF DEATH

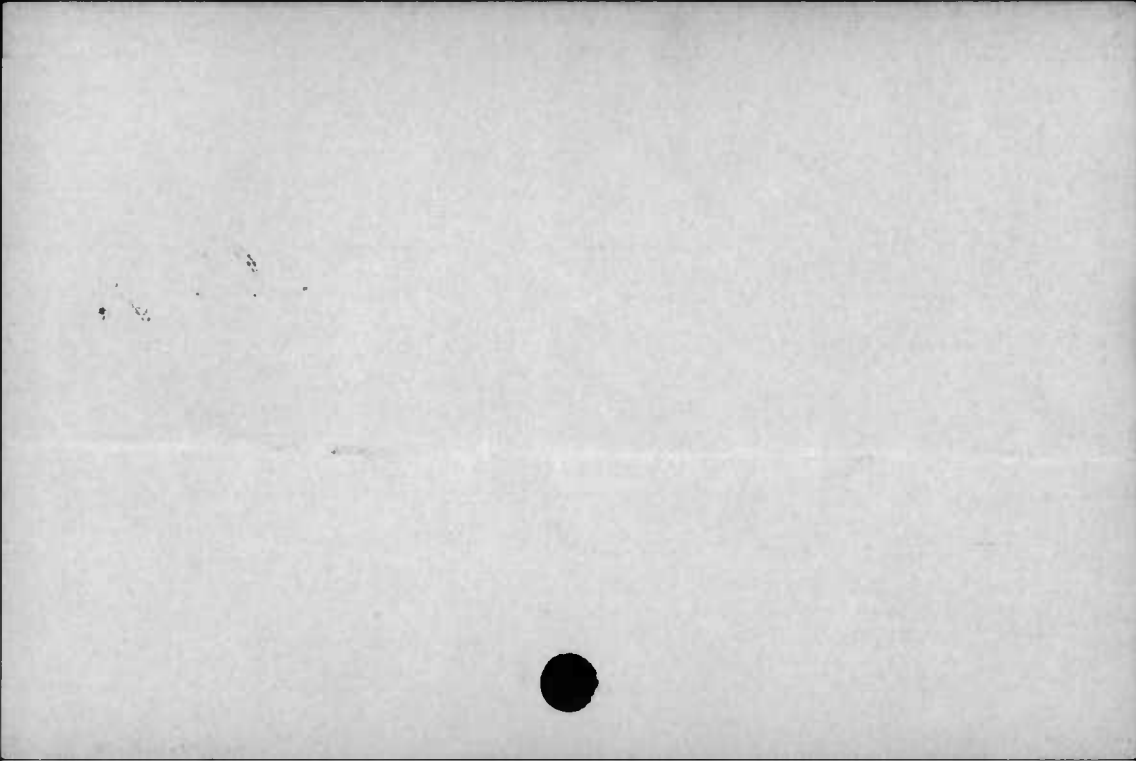
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		8	23	62	2	N	
Sex	male	Color or Race	White		Birth-place	Baltimore	
Occupation	Farmer		Where Residing if not at place of death		Baltimore		
Married, single or widow	Name or Wife or husband		Hermie R. Cooney				
Father's Name	Peter H. Cooney				Father's Birthplace	Cooney's Mill	
Mother's Maiden Name	Elizabeth R. Hutchins				Mother's Birthplace	Baltimore	
Name of person giving information	Elizabeth Cooney				How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of Stomach	How long	4 mo
Immediate	Exhaustion	How long	(40)
Are the name, age, sex, color, date and place correctly given above?	yes		
Signature of Physician	Rose Payne		
Address	Baltimore		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

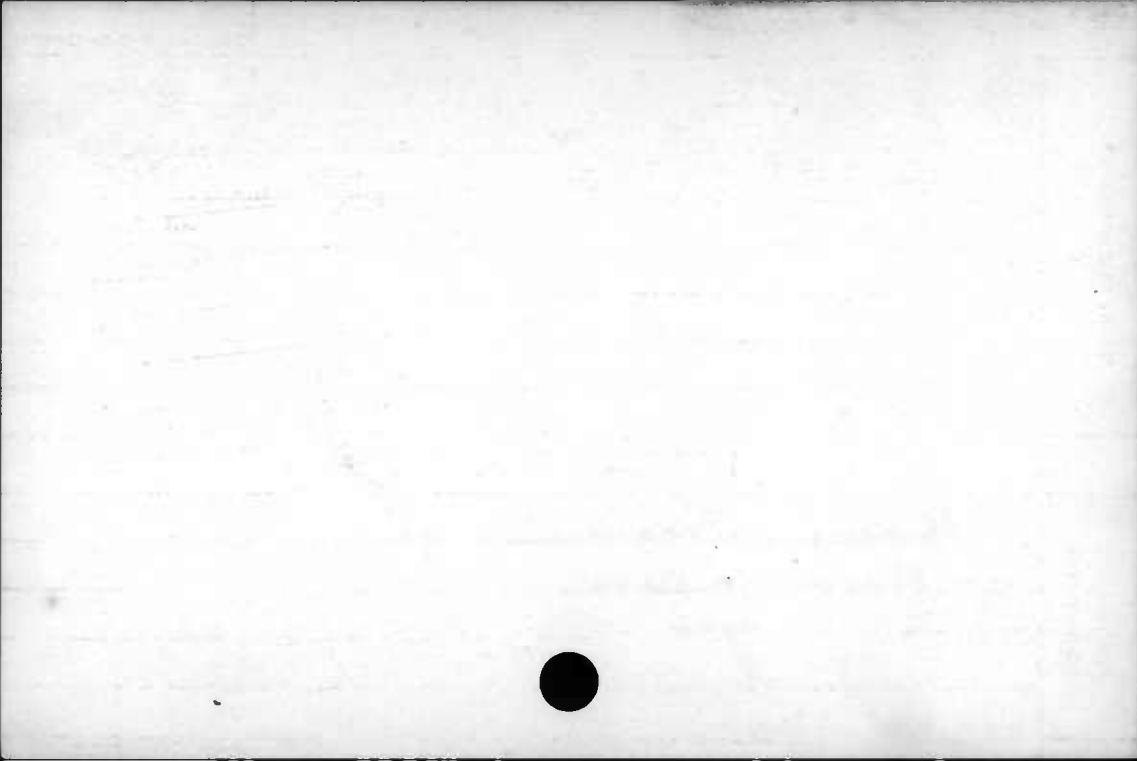
MARYLAND

Name in Full <i>John Page Bole</i>		County <i>Baltimore</i>		State <i>Maryland</i>	
Died at <i>Rose Bank</i>		City <i>Baltimore</i>		State <i>Maryland</i>	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>19</i>	Years <i>18</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>			
Occupation <i>Student</i>	Where Residing if not at place of death <i>1315 John St</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Edward H. Bole</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Ellen Hammond</i>	Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Wm. A. Hammond</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidental</i>	How long
Immediate	<i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Fred L. Pfeffer</i>
		Address <i>1218 First St Highlandtown</i>
Accident or Suicide?	<i>Accident</i>	



Name
in
Full

Emma May Conniff

CERTIFICATE OF DEATH

Town

Towson

County

Balt.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

Aug

22

Age

24

6

Sex

female

Color or
Race

white

Birth-
place

Balt. city

Occupation

House wife

Where Residing if not
at place of death

Towson

Married, Single
or Widowed

married

Name of Wife or
Husband

Thomas Conniff

Father's
Name

Jno. Edw. Leitner

Father's
Birthplace

Balt.

Mother's
Maiden NameMother's
BirthplaceName of person giving
information

Thomas Conniff

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Uraemic Poisoning

How long

11/10
One-half hour

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. A. Janette

Address

Towson, Md.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mt. Maria Cemetery
London
John Burns Sons

Name
in
Full

George A Cook

CERTIFICATE OF DEATH

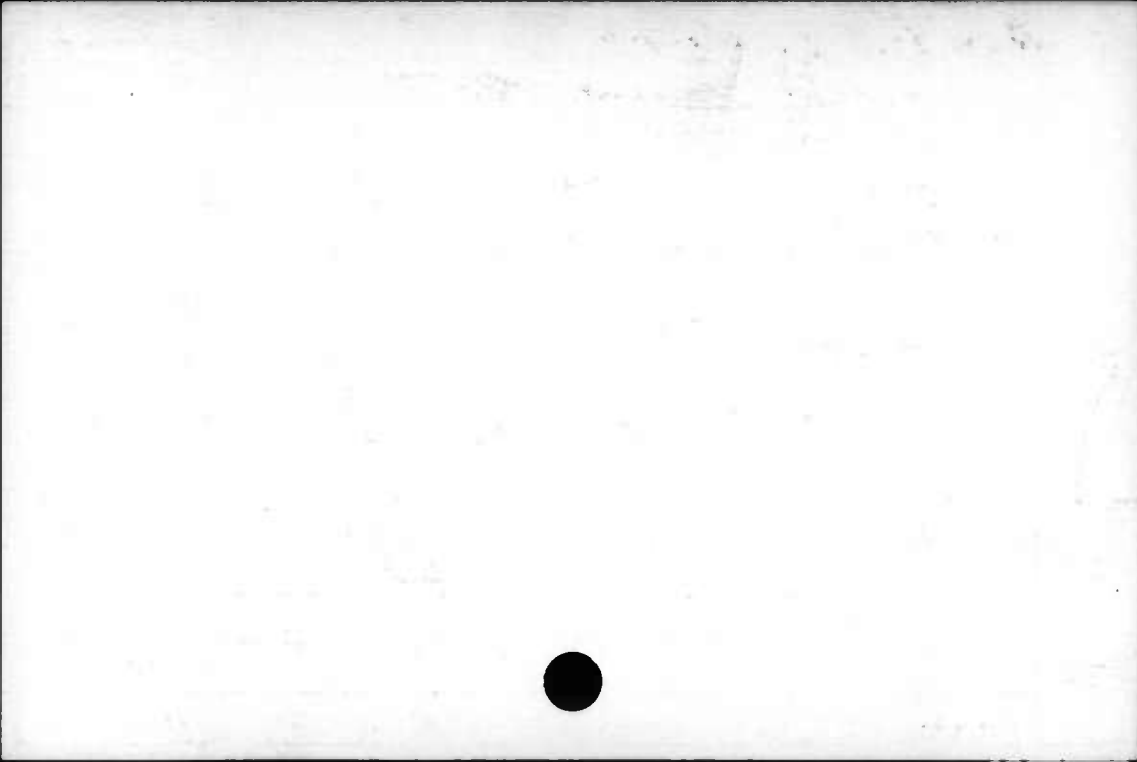
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Middle River</i>		^{County} <i>Baets</i>		MARYLAND	
Date of death 190	^{Month} <i>5</i>	^{Day} <i>Aug</i>	^{Years} <i>6</i>	Age <i>23</i>	Months <i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>single</i>			Occupation		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Jos. W. Gachertstrie</i>				How related to deceased <i>son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>accidental drowning</i>	How long <i>1 1/2</i>
Immediate <i>in middle river</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. J. Jenkins</i>
	Address <i>Coroner</i>
Accident or Suicide? <i>No</i>	<i>Middle River Md.</i>



Name
in
Full

Arrolon S. Cooke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Mt Hope ^{County} Reheat Ballwin

MARYLAND

Date of death 1905 Aug 8th Age 51 Months — Days —

Sex Male Color or Race White Birth-place

Occupation Lawyer Where Residing if not at place of death Hagerstown Md

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name " Mother's Birthplace "

Name of person giving information Reas Mt Hope How related to deceased Not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Melancholia How long abt 21 or 22 hrs

Immediate Ex. Epileptoid Convulsions How long 78 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Frank J. Flannery

Address Mt Hope Reheat Mt Hope Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edwin Crawford

Died at ^{Town} Highlandtown^{County} Baltimore

MARYLAND

Date of death 1906 ^{Month} Aug^{Day} 21Age ^{Years}^{Months} 1^{Days}

Sex Male

Color or Race

White

Birth-place

Balto Co.

Occupation

None

Where Residing if not at place of death

445 Center Place

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

George Crawford

Father's Birthplace

Baltimore

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

George Crawford

How related to deceased

Father

CAUSES OF DEATH

Primary

Convulsion

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. S. Warner
1120 Highland Ave

Accident or Suicide?

W Nicolans & son

Funeral Directors

1820 Canton Ave

Mt. Carmel Aug 22nd / 1905

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Lansdowne		County Baltimore			
Date of death		1905	Month August	Day 29	Age 38	Years	Months —
Sex Male		Color or Race White		Birth-place Balt. Md		Days —	
Occupation Asst Foreman B&O&A				Where Residing if not place of death —			
Married, Single or Widowed Single		Name of Wife * Jessie M. Creamer					
Father's Name Anthony Creamer		Father's Birthplace Md				Mother's Birthplace Germany	
Mother's Maiden Name Mary Bersch		Name of person giving information Jessie M. Creamer				How related to deceased Wife	

CAUSES OF DEATH

Primary	Thyphoid fever	How long	3 weeks
Immediate	Exhaustion	How long	—

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Frank H. Ruhl
Lansdowne Balt Md

Accident or Suicide?

July 27

Name
in
Full

Indith Culler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Hope Retreat</u> <u>Baltimore</u> County		TOWN		COUNTY	
Date of death <u>1903</u>	Month <u>Aug</u>	Day <u>7th</u>	Age <u>45</u>	Years	Months <u>Unknown</u> Days <u>Unknown</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth place <u>Ireland</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>Alexandria Va</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>"</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Reeds St Hope Retreat</u>			How related to deceased <u>Not at all</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Melancholia</u>	How long <u>abt 3 mos</u>
Immediate <u>Ex - Convulsions</u>	How long <u>abt 2 days -</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank J. Flannery M.D</u>
	Address <u>St Hope Retreat -</u> <u>St Hope</u>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

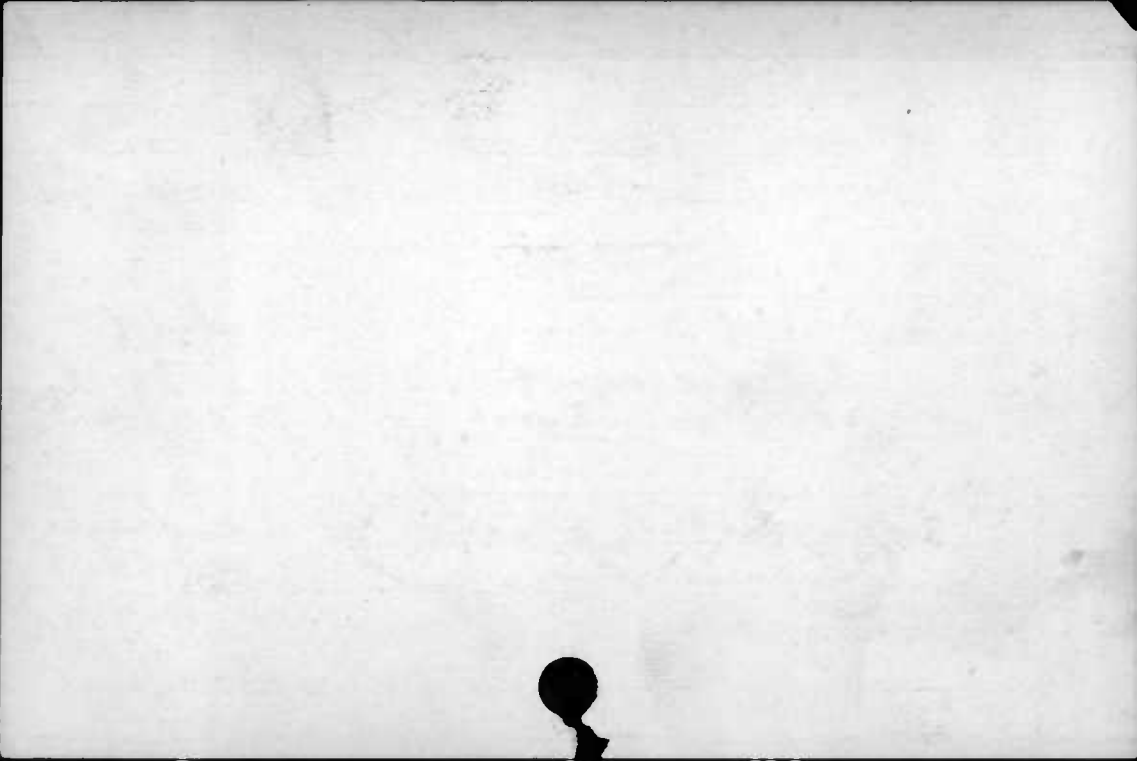
Elizabeth Davis

CERTIFICATE OF DEATH

Died at <i>Heighlanham</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Aug</i> ^{Month}	<i>15</i> ^{Day}	Age <i>40</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>720 Gough St Ex</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary	<i>Died in Confinement</i>	How long	<i>20 hours</i>
Immediate	<i>Collapse</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. W. Danney M.D.</i>	
		Address <i>304 Bank St - Ex 1</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Ida May Drebing</i>		Town <i>Hamilton</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>Aug</i>		Day <i>12</i>	
Age <i>7</i>		Years <i>3</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Hamilton</i>			
Occupation				Where Residing if not at place of death			
Married , Single or Widowed				Name of Wife or Husband			
Father's Name <i>Edward Drebing</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Lou Vansant</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Lou Vansant</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ileo-Colitis</i>		How long <i>6 days</i>	
Immediate <i>Ileo-Colitis</i>		How long <i>6 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Leary A. Long</i>	
		Address <i>Hamilton, Ind</i>	
Accident or Suicide?			

St. Johns Cemetery
Balt. Co. Md
Jos. B. Cook.
Funeral Director

Name In Full

Certificate of Death

Catherine E. Eckhardt

Town

County

Died at

Gorans

Baltimore

MARYLAND

Date 1906-

Month Day

Aug 12

Age

Y. M. D.

8 24

Native of

Baltimore

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

John Eckhardt

Mother's
Name

Gertrude C Wade

Cause of

Primary

Gastric Hemorrhage

How long sick

5 weeks

Death

Immediate

Gastric Hemorrhage

Accident, Suicide, Homicide

Reported by

J. Oliver Davis M.D.

Address

500 Franklin Terrace Balt. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Henry W. Mears and Son
Greenmount Cemetery

Name
in
Full

Frank Andrew Euge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baynesville</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>8</u> ^{Month}	<u>25</u> ^{Day}	Age <u>—</u> ^{Years}	<u>8</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Bayneville</u>		
Occupation <u>mn</u>			Where Residing if not at place of death <u>same</u>		
<u>—</u> ^{Married, Single or Widowed}		Name of Wife or Husband <u>Frank Euge</u>			
Father's Name <u>Frank Euge</u>			Father's Birthplace <u>Id</u>		
Mother's Maiden Name <u>H. Amanda Sims</u>			Mother's Birthplace <u>Id</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Summer Diarrhoea</u>	How long <u>3 weeks</u>
Immediate <u>Cholera Infantum</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. C. Massenburg M.D.</u>
	Address <u>Fawn</u>
Accident or Suicide? <u>—</u>	

Fred Lashan

Bell-air road

St Joseph's Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Raspensburg</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>August</i>	Day <i>25</i>	Age <i>75</i>	Years	Months <i>11</i>	Days <i>20</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Baltimore</i>
Occupation	<i>Builder & Contractor</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>John Evans</i>					Father's Birthplace	<i>England</i>
Mother's Maiden Name	<i>Rebecca Roberts</i>					Mother's Birthplace	<i>Baltimore Co</i>
Name of person giving In formation	<i>John Evans</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>—</i>
Immediate	<i>Progressive Paralysis</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Joseph B. Webster M.D.</i>
		Address	<i>Raspensburg Md</i>
Accident or Suicide?			

Baltimore Cemetery.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Canton* Town*Balto* CountyDate of death *1905 Aug*

Day

*1*Age *7*

Years

Months

9

Days

*13*Sex *Male*Color or
Race*White*Birth-
place*Balto Md.*

Occupation

*none*Where Residing if not
at place of death*1101 Canton St Balto Md*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Bernard J. Feecheley*Father's
Birthplace*Md*Mother's
Maiden Name*Elizabeth M. Feecey*Mother's
Birthplace*Ireland*Name of person giving
Information*Bernard J. Feecheley*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Crushed to death

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Coroner John G. Muelly**216 O'Donnell st*

Accident or Suicide?

St Patricks Cemetery

Aug 4th 1905

Germanus France

Undertaker,

Name
in
Full

Still Born

Tuesday

CERTIFICATE OF DEATH

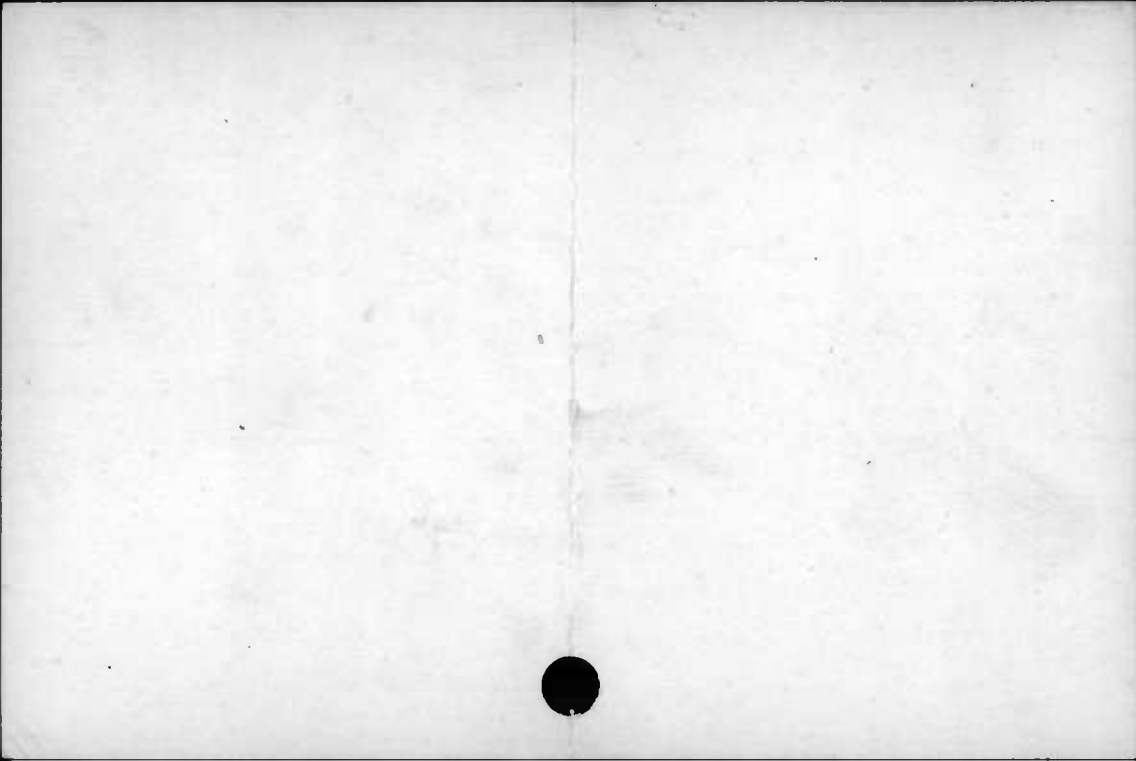
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cockeysville</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death	1905	Month	Aug	Day	28
Age		Still born		Months	Days
Sex	Male		Color or Race	White	
Occupation			Birth-place	Cockeysville Md	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Harry E. Landley J.		
Mother's Maiden Name			Hannah J. Powers		
Name of person giving information			H. J. Landley		
Father's Birthplace			Cockeysville		
Mother's Birthplace			Bedford Md		
How related to deceased			Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Placental Provia J.	How long	
Immediate	Obstruction to blood supply	How long	
Are the name age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. W. B. Benson	
Address		Cockeysville Md	
Accident or Suicide?			



Name
in
Full

Goldie May Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>August</i>	Day <i>16</i>	Age Years <i>1</i>	Months <i>—</i> Days <i>23</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Anne Arundel Co.</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>		
Father's Name <i>Thomas Scott Fisher</i>			Father's Birthplace <i>Va.</i>		
Mother's Maiden Name <i>Irona May Pierce</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Thomas Scott Fisher</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>✓</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edw. M. Inguozel</i>
	Address <i>5 N. Washington St. Baltimore</i>
Accident or Suicide? <i>no</i>	

Joseph B. Cook
Cedar Hill En.

Name
in
Full

CERTIFICATE OF DEATH

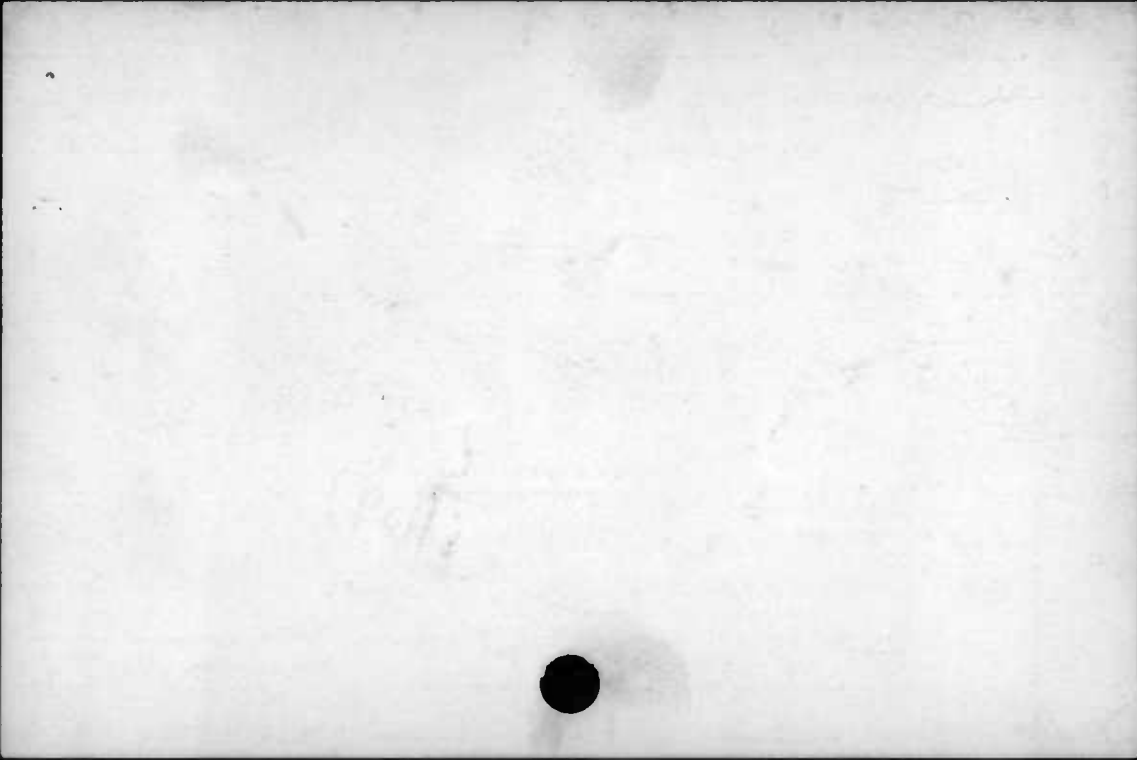
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND	
Date of death 1905	Month 8	Day 31	Age 40
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ir.</i>	
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>400 B. Gough</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Gabriel Chitzpatrick</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Patrick Nays</i>	How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>24 hours</i>
Immediate <i>Exhaustion</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas L. Orman M.D.</i>
<i>No</i>	Address <i>3 And. Gough Highlandtown</i>
Accident or Suicide? <i>No</i>	



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

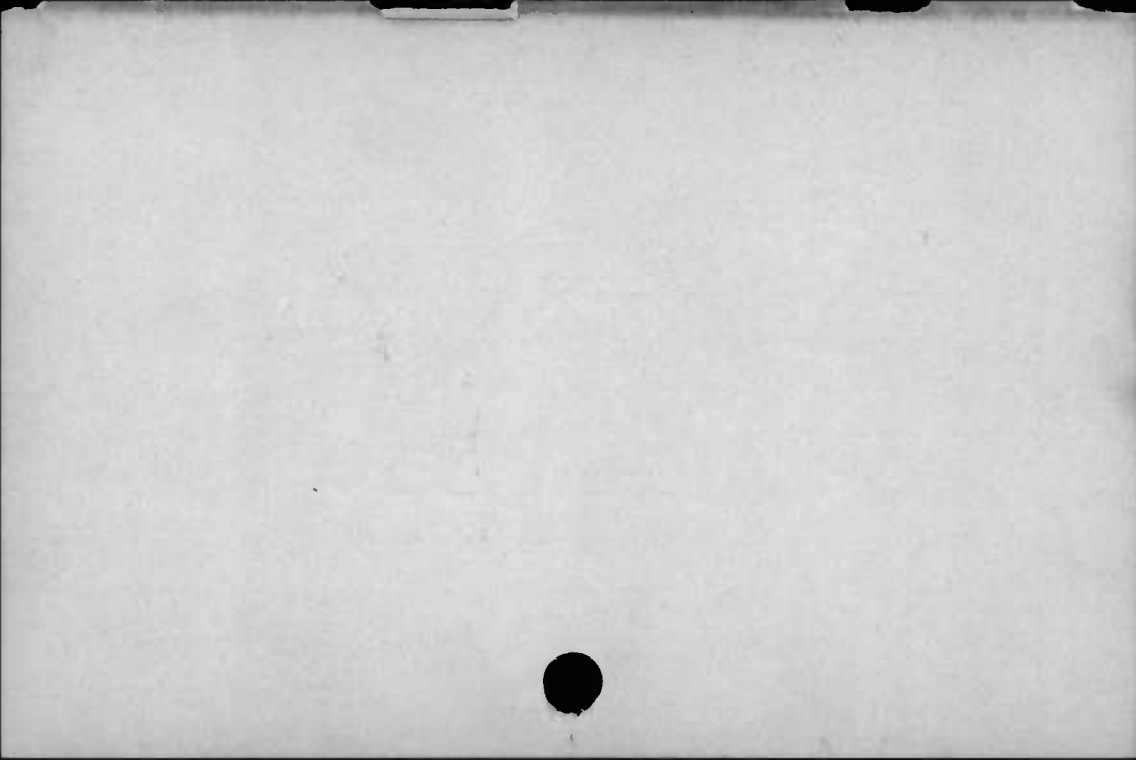
MARYLAND

Died at <i>Hamilton</i> Town <i>P</i>		County <i>Baltimore</i>			
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>22</i>	Years <i>45</i>	Months <i>10</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Hamilton Balt Co</i>		
Married, Single <i>Married</i> or Widowed		Name of Wife or Husband <i>J. J. Horner</i>			
Father's Name <i>William H. Horner</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Sarah J. Horner</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>J. J. Horner</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>2 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo J Young</i>
	Address <i>1735 N Broadway</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs. Joseph Frank*
Town *Crossville* County *Baileys*
Died at *Crossville* *Baileys* *MARYLAND*
Date of death *1905 Aug 8* Age *46* Months *-* Days *-*
Sex *Female* Color or Race *White* Birth-place *Ind -*
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband *Joseph Frank*
Father's Name *- Smith* Father's Birthplace _____
Mother's Maiden Name _____ Mother's Birthplace _____
Name of person giving information *Jos. Frank* ☒ How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid fever* How long _____
Immediate *Intestinal Hemorrhage* How long *3 weeks*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *B. G. Mace*
Address *Crossville Ind*
Accident or Suicide? *-*



Name
in
Full

Rosa Friederwald

CERTIFICATE OF DEATH

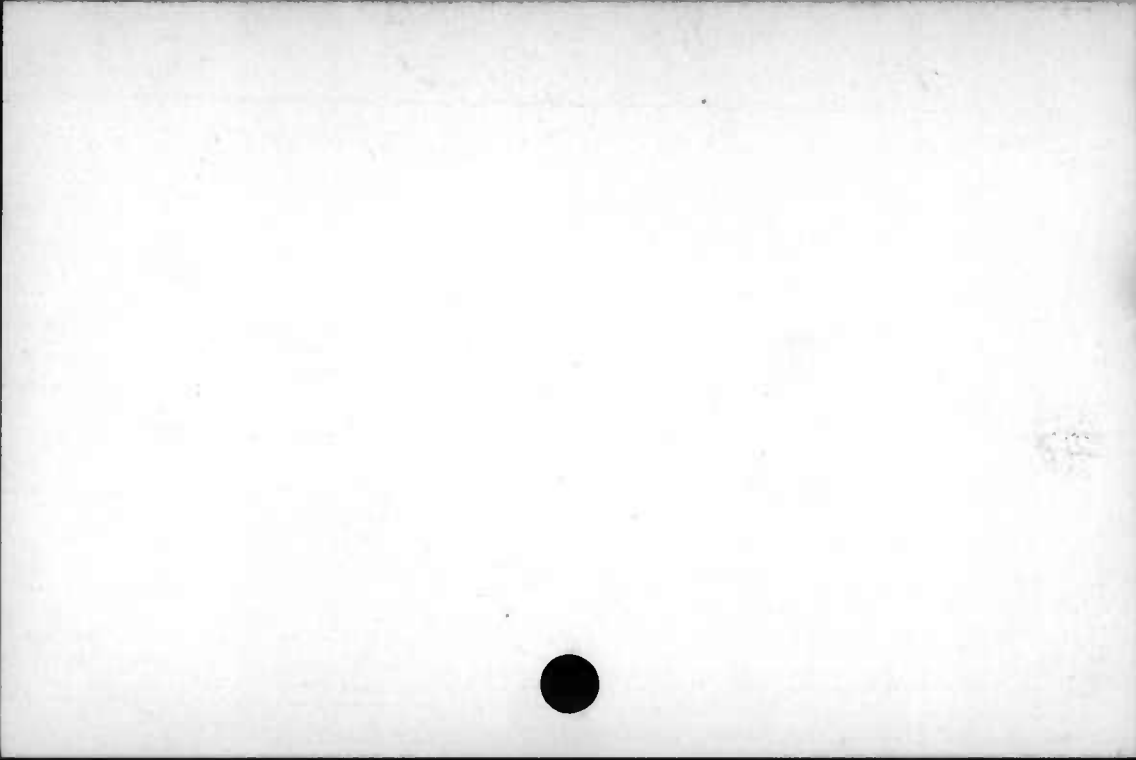
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
White Hall Manor		Baltimore					
Date	Month	Day	Age	Years	Months	Days	
of death 190	5	Aug	19	70	5		
Sex	Female		Color or Race	White		Birth-place	Baltimore Md
Married, Single or Widowed			Occupation				Wife
Name of Wife or Husband			Joseph Friederwald				
Father's Name			Judah Roserwald				Father's Birthplace
Mother's Maiden Name			Berlin Hertzberg				Germany
Name of person giving information			Jennie Hecher				Mother's Birthplace
							Germany
							How related to deceased
							Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes	How long	25 years
Immediate	Paralysis & Heart Failure	How long	5 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. Rows Price	
Address		Glyndon	
Accident or Suicide?			



Name
in
Full

Elizabeth A. Tryfogle

CERTIFICATE OF DEATH

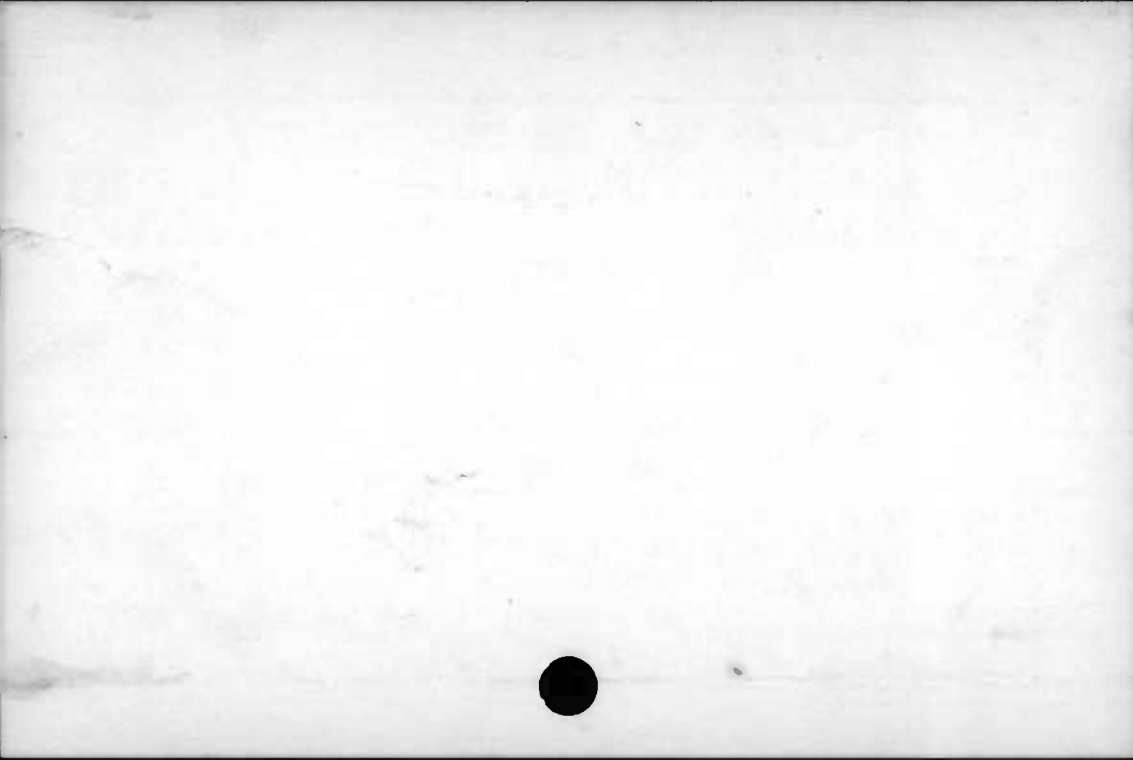
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Randallstown		County Baltimore		MARYLAND	
Date of death		1905	Month Aug	Day 3	Age	Years 78	Months Days
Sex Female		Color or Race White		Birth-place Maryland			
Occupation Housewife		Where Residing if not at place of death Randallstown Balto.					
Married, Single or Widowed		Name of Wife or Husband Thomas A. Tryfogle					
Father's Name Joseph Hook		Father's Birthplace Maryland					
Mother's Maiden Name Hannah Hook		Mother's Birthplace " "					
Name of person giving information Henry J. Hook		How related to deceased nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemorrhage of the Brain	How long (4)
Immediate	Paralysis - Paresis	How long
Are the name, age, sex, color, date and place correctly given above?		yes
Signature of Physician		Henry J. Hook
Address		Randallstown Md
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Granite</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Aug</i>	Day	<i>21</i>
		Age	<i>79</i>	Years	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	
Occupation	<i>Retired</i>		Where Residing if not at place of death <i>at Place of Death</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<i>Maurice Righter</i>			How related to deceased	<i>Non</i>

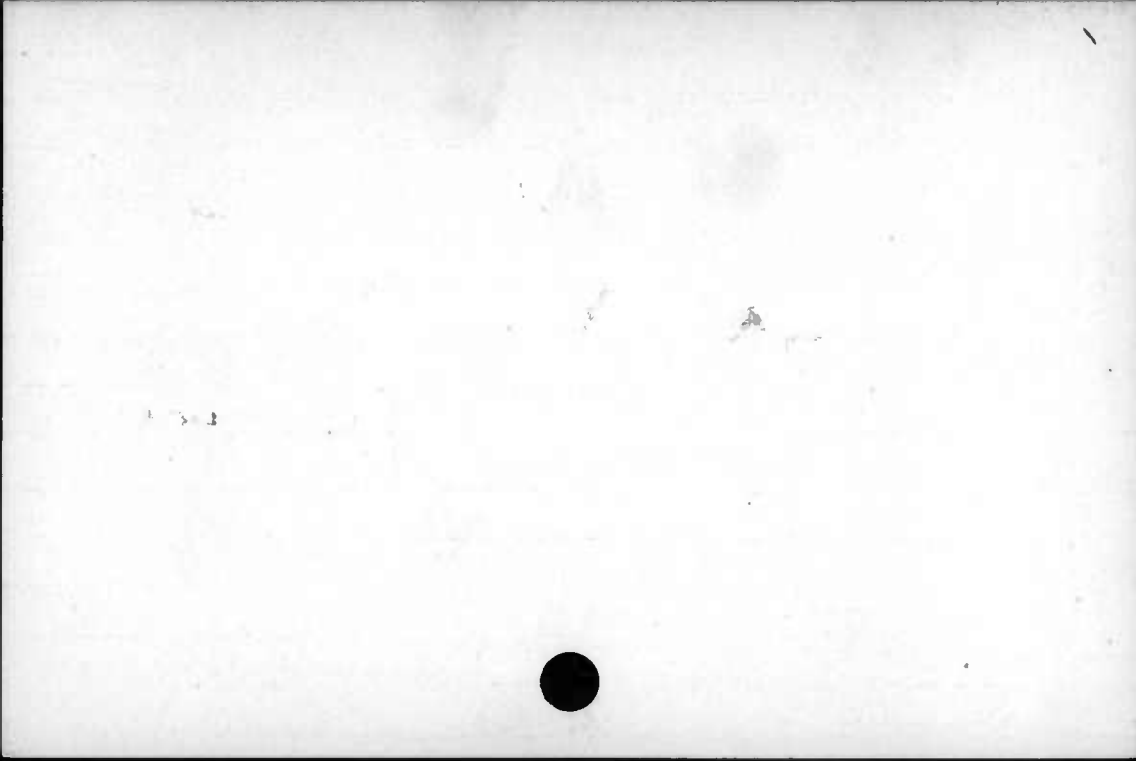
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>two weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>RH Wells MD</i>
		Address	<i>Harrisonville Ind</i>
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Wt Hope</i>		County <i>Baltimore</i>		
		Date of death 190 <i>Aug</i>		Month <i>2/21</i>	Age <i>42</i>	Months <i>unknown</i>
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>N. Y. City</i>		
		Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Lampa Florida</i>			
		Married, Yes	Name of Wife or Husband <i>Emich G. Gailward</i>			
		Father's Name <i>Unknown</i>	Father's Birthplace <i>unknown</i>			
		Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>			
		Name of person giving information <i>Rich Wt Hope</i>	How related to deceased <i>not at all</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<i>Melancholia</i>		How long	<i>3 weeks</i>	
	Immediate	<i>Exhaustion</i>		How long	<i>3 weeks</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. B. Ensor M.D.</i>			
			Address <i>Wt Hope Ind.</i>			
	Accident or Suicide? <i>No</i>					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

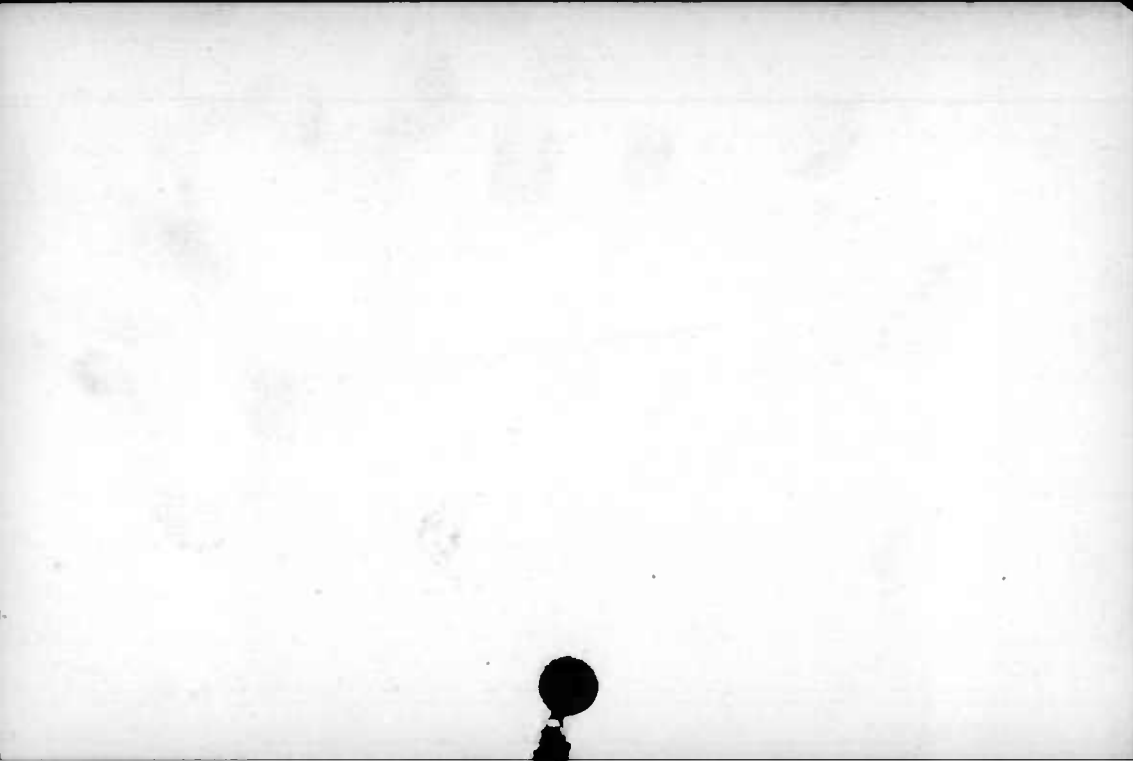
CERTIFICATE OF DEATH

Henry F. Garey		Town		County		BALTO MARYLAND	
Died at St. Agnes' Hosp.							
Date of death 1905		Month Aug.		Day 31		Age 57	
Sex Male		Color or Race White		Birth-place			
Occupation Physician		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband					
Father's Name Henry Garey		Father's Birthplace					
Mother's Maiden Name Edward Force		Mother's Birthplace Ky.					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mania	How long	
Immediate	Pulmonary edema	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		P. M. M. D.	
		St. Agnes Hosp.	
Accident or Suicide?			



Name
in
Full

Elizabeth Gensler

CERTIFICATE OF DEATH

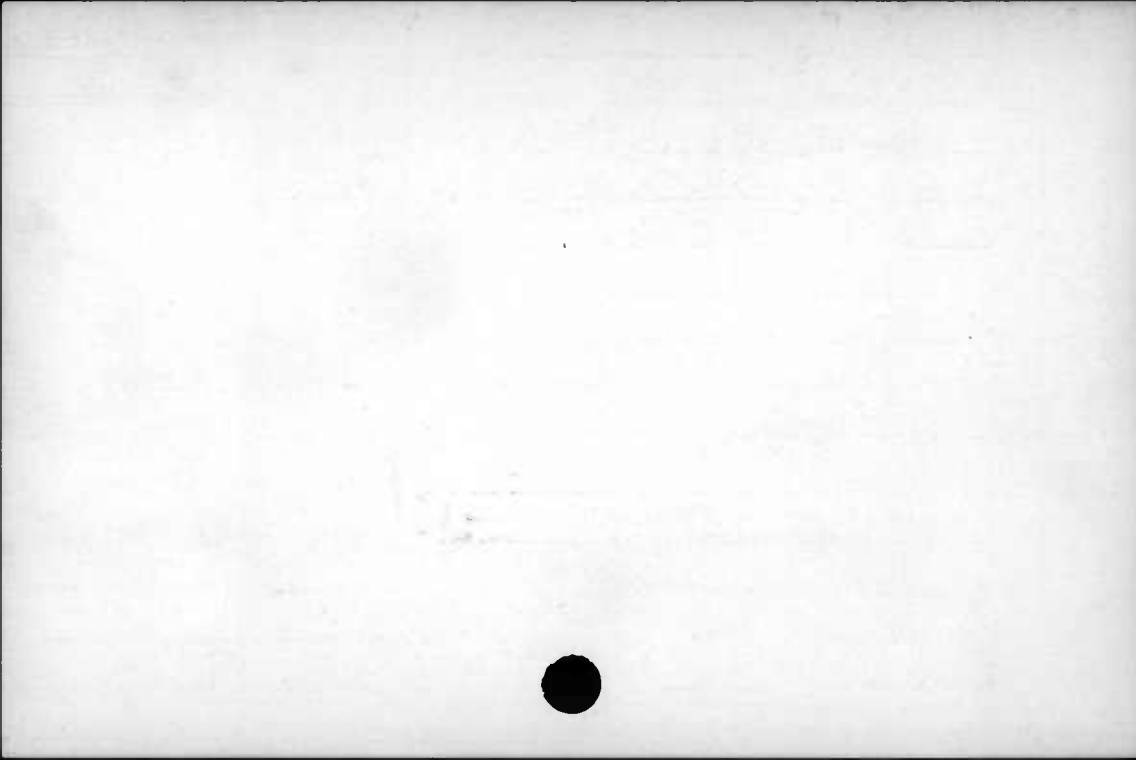
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Benton</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>Aug.</u> ^{Month}	<u>27th</u> ^{Day}	<u> </u> ^{Years}	<u> </u> ^{Months}	<u>12</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Balto</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Edward Gensler</u>		(151)		Father's Birthplace <u>Balto Co.</u>	
Mother's Maiden Name <u>Barbara Apple</u>				Mother's Birthplace <u> </u>	
Name of person giving information <u>Edward Gensler</u>				How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u> (151)	How long
Immediate	<u>1 1/2 hrs. later</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>C. N. Atkey</u>
		Address <u>2 Hudson St.</u>
Accident or Suicide? <u> </u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thermoo</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Aug</i>	Day <i>18</i>	Age <i>1</i> Years	Months <i>—</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John W. Gile</i>			Father's Birthplace <i>W. Va</i>		
Mother's Maiden Name <i>Flora B. Frank</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>Six months</i>
Immediate <i>Marsasmus</i>	How long <i>Five months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Smith</i>
	Address <i>Rider Md.</i>
Accident or Suicide? <i>—</i>	

John Burns Sons

Buckeyeville Cincinnati-

Mo

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna Hanly Town *Baltimore* County

Died at *MT Hope Retreat*

Date of death *1905* *Aug* *9th* *71* *9* *42* *unknown* *unknown*

Sex *Female* Color or Race *White* Birth-place

Occupation *None -* Where Residing if not at place of death *425 E. Madison St*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *"*

Name of person giving information *Reids of MT Hope* How related to deceased *not at all*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

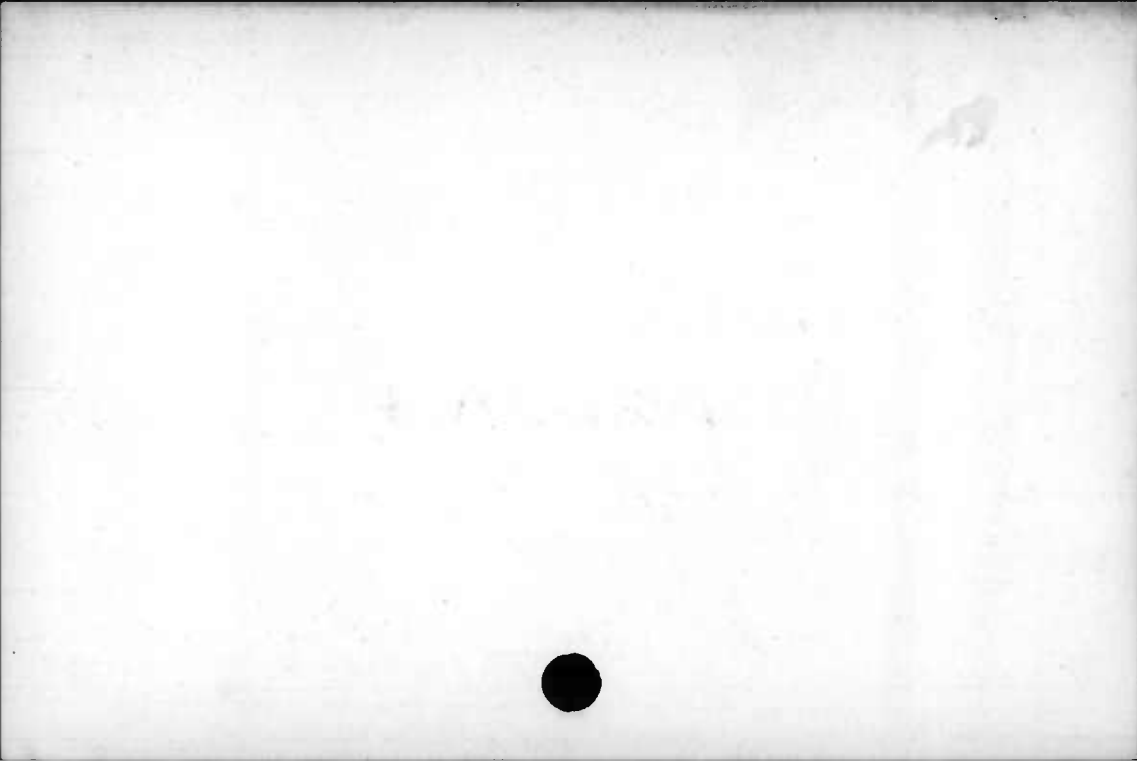
Primary *Melancholia -* *16* How long *abt 6 or 6 mos -*

Immediate *Ex. Toxicemia due to Localized Protrusion* How long *abt 2 wks -*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Frank J. Flannery M.D.*

Address *MT Hope Retreat, Baltimore Co, Md.*

Accident or Suicide?



Name
in
Full

Della Mary Hawes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Alberton^{County} Baltimore

Date of death 1905 Aug 21

Age 17

Months 11

Days 14

Sex Female

Color or Race White

Birth-place Virginia

Occupation Cotton Mill Operator

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Daniel Marshall Hawes

Father's Birthplace Va

Mother's Maiden Name Lucy M. Elliott

Mother's Birthplace Va.

Name of person giving information Lucy M. Hawes

How related to deceased Mother

CAUSES OF DEATH

Primary

Nephritis, Pertussis, Pneumonia

How long

18 months (18 weeks)

Immediate

Asthenia

How long

About 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

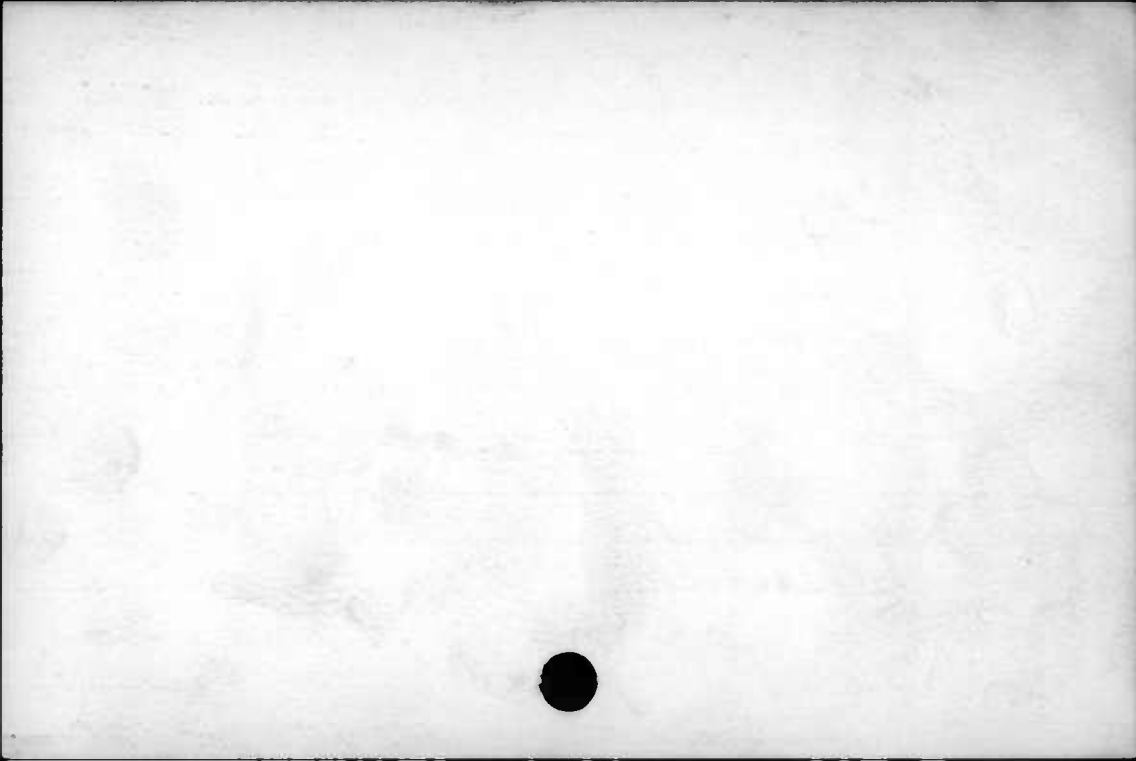
Signature of Physician

Wm B Gambrell

Address

Alberton, Md.

Accident or Suicide?



Name
in
Full

Sarah Nash Hume

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Catonsville		County		Baltimore		MARYLAND	
Date of death 1905		Month	Aug.	Day	11	Age	60	Months	—
Sex		Female		Color or Race		White		Birth-place	
Married Single or Widowed		Widow		Occupation		none			
Name of Wife or Husband									
Father's Name						Do not know			
Mother's Maiden Name						Do not know			
Name of person giving information						How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Agitated melancholia		How long		1 year	
Immediate		Acute enteritis		How long		5 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. Rushmer White	
				Address		Catonsville	
						Md.	
Accident or Suicide?							

Henry W. Means & Son
Place of Burial
Portsmouth Va.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>8</i>	Day <i>17</i>	Age <i>—</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Philadelphia</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank Hennesy</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Carrie Wilson</i>			Mother's Birthplace <i>Worfold</i>		
Name of person giving information <i>Carrie Wilson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malignant</i>	How long <i>4 months</i>
Immediate <i>Lic. Colon</i>	How long <i>11 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. P. S. Smith</i>
<i>Yes</i>	Address <i>1111 E. ...</i>
Accident or Suicide? <i>—</i>	

Woodlawn
C. J. Kraft

†

Dr. C. H. Bolte

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Prossville</u> ^{Town}		<u>Bald</u> ^{County}			
Date of death <u>1905</u> ^{Month} <u>Aug</u> ^{Day} <u>25</u> ^{Years} <u>64</u> ^{Months} <u>-</u> ^{Days} <u>-</u>		Sex <u>Male</u> ^{Color or Race} <u>White</u> ^{Birth-place} <u>Ind</u>			
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>Mary Henry</u>			
Father's Name <u>David Henry</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>-</u>		Mother's Birthplace <u>-</u>			
Name of person giving information <u>Mr. Henry</u>		How related to deceased <u>wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cardiac dilatation</u>	How long <u>3 days</u>
<u>+ Mitral Regurgitation</u>	How long <u>-</u>
Immediate <u>-</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Y</u>	Signature of Physician <u>C. V. Mace</u>
	Address <u>Prossville, Ind</u>
Accident or Suicide? <u>-</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Gorane* Town *Balto* CountyDate of death *1905* Month *Aug* Day *12* Age *67* Years Months *—* Days *—*Sex *female* Color or Race *W.* Birthplace *Barania*Occupation *—* Where Residing if not at place of death *Bélogne Ave Gorane*Married, Single or *Widow* Name of Wife or Husband *Michael Hummer*Father's Name *—* Father's Birthplace *Barania*Mother's Maiden Name *—* Mother's Birthplace *"*Name of person giving information *Mrs J. H. Wagner* How related to deceased *Niece*

CAUSES OF DEATH

Primary *Apoplexy* How long *Sudden*
do How long *Instantly*Immediate *do*

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

E. M. Duncan M.D.
Gorantown
Md.

Accident or Suicide?

Burial at Loudon Park

Aug. 15/905. -

Wm Crook

6102 E North Ave

Name
in
Full

Emeline Jane Hobbs

CERTIFICATE OF DEATH

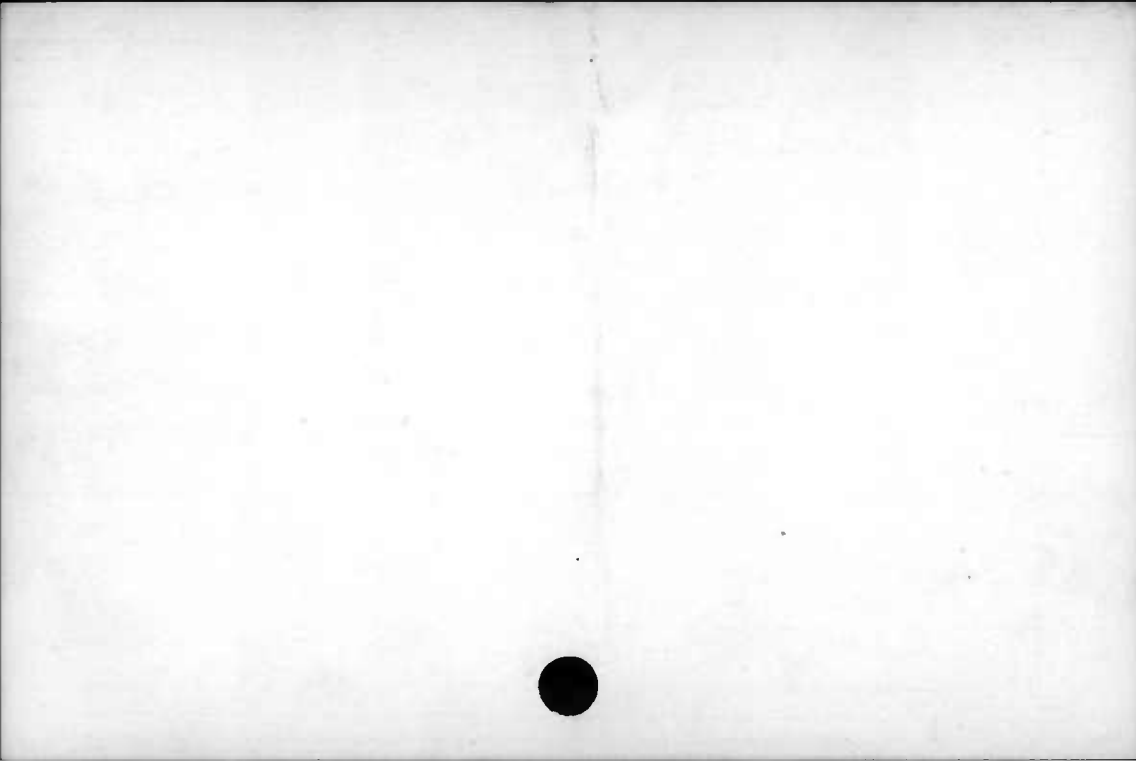
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Granite</u> ^{Town}		<u>Balt</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Month}	<u>Aug</u> ^{Day}	Age	<u>69</u> ^{Years}	<u>11</u> ^{Months} <u>9</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Ind.</u>
Occupation	<u>none</u>		Where Residing if not at place of death <u>Granite Ind</u>		
Married or Widowed	<u>widow</u>	Name of Husband	<u>Lavonice W. Hobbs (deceased)</u>		
Father's Name	<u>Calix Silby</u>		Father's Birthplace	<u>Howard Co Ind</u>	
Mother's Maiden Name	<u>Rachel Buckingham</u>		Mother's Birthplace	<u>Howard Co Ind</u>	
Name of person giving information	<u>Calix S Hobbs</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Intestinal obstruction</u>	How long	<u>3 weeks</u>
Immediate	<u>Coma</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>H. J. Tripley M.D.</u>	
		Address	<u>Granite Ind.</u>
Accident or Suicide?			



Name in Full		Clara C. Hook				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	near Pikesville		Baltimore				
	Date of death	1905	Month	Aug	Day	11	Age
	34		Years	Months		Days	
	Sex	Female	Color or Race	white		Birth-place	Baltimore Co. Md.
	Occupation	House wife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband		Daniel Hook	
	Father's Name	Joseph F. Keller		Father's Birthplace		Baltimore Co. Md.	
Mother's Maiden Name	Sarah Shipley		Mother's Birthplace		" " "		
Name of person giving information	David Hook		How related to deceased		Husband		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	5 years
	Immediate	Exhaustion				How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					2466 Annapolis Hill An Baltimore		
Accident or Suicide?		—					

Stone Chapel — 20th

S. D. Selby son

Name
in
Full

Charles W Huber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Highlandton ^{County} Balto

M. MARYLAND

Date of death 1905 ^{Month} 8 ^{Day} 8 ^{Age} 70 ^{Months} 8 ^{Days} -

Sex Male Color or Race White Birth-place Germany

Occupation Phonographer Where Residing if not at place of death 1208 First st

Name of Wite or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Harry Miller

How related to deceased

CAUSES OF DEATH

Primary Cancer of Liver 40 5 months

Immediate Extension 1 month

Are the name, age, sex, color, date and place correctly given above? Y 70

Signature of Physician J. C. Selufield

Address 1400 First st.

Accident or Suicide?

PHYSICIAN
OR CORONER

J Herwig & Son
Mt. Carmel Cal.

8/10/05

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

White-Hall

Town

Hughes

County

Baltimore

Date

of death 1900

Month

Aug.

Day

6

Age

Years

64

Months

8

Days

7

Sex

Female

Color or
Race

White

Birth-
place

White-Hall

Married, Single
or Widowed

Single

Occupation

Dress Maker

Name of Wife or
HusbandFather's
Name

Passon Hughes

Father's
BirthplaceMother's
Maiden Name

Annie Klinfelter

Mother's
BirthplaceName of person giving
Information

Nancy Hughes

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Cerebral Softening
Coma

How long

One Year

Immediate

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

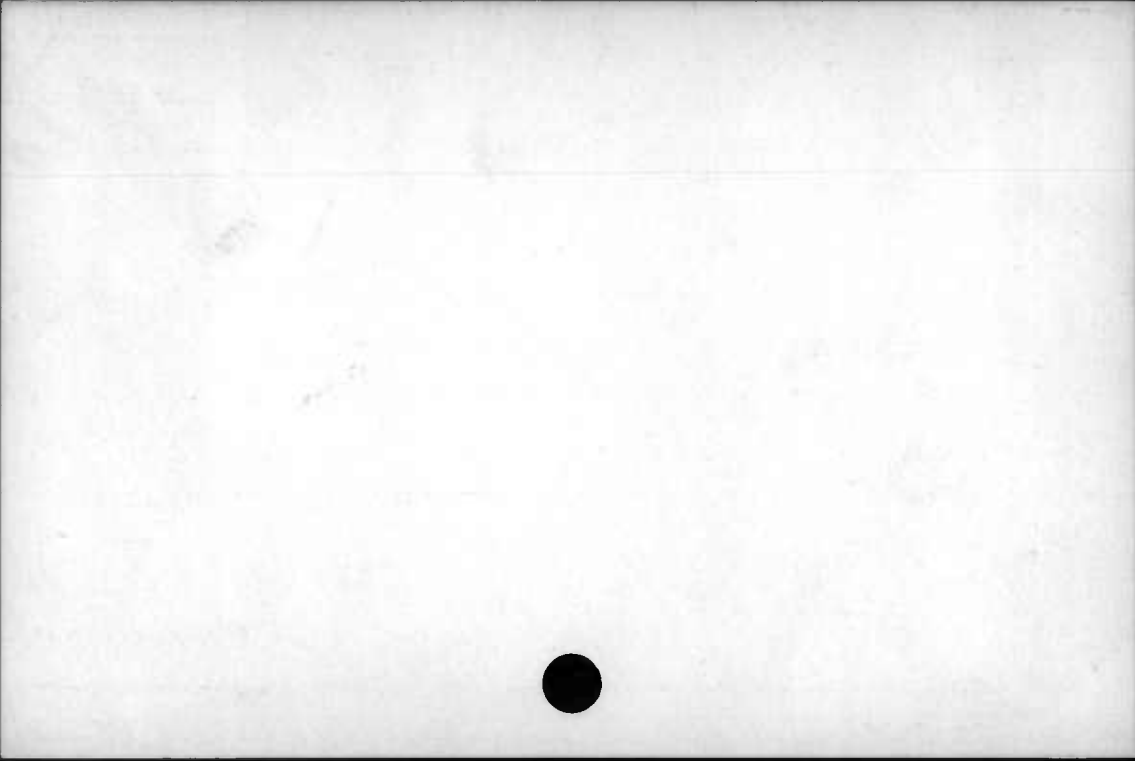
W. R. Mitchell

Address

Mount Airy,
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Charles Calvert Hull

Died at ^{Town} *Hall's Hooper* ^{County} *Bullo Co*

MARYLAND

Date *1905* ^{Month} *Aug* ^{Day} *2* ^{Y.} *1905* ^{M.} *Aug* ^{D.} *2* Native of *Ind* Occupation *—*

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒ Number of children living *—*

Female ☐ Colored ☐ Single ☐ Widower ☐ *—*

Husband of *—*

Wife *—*

Father's Name *Joshua Hull* Mother's Name *Katherine G. Latta*

Cause of Death ☒ Primary *Extra Coluter* ☒ How long sick *3 weeks*

☒ Immediate *Convulsions* ☐ Accident, Suicide, Homicide

Reported by *Coroner & Gill Undertaker*

Address *Elkridge Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by

A. Williams
E. Shrigg & son

Seen by Coroner

of

Information contained in this certificate received from

family & Dr

Died at <i>Holethorpe</i>		Town <i>Hull</i>		County <i>Bolton</i>		MARYLAND	
Date <i>1905 - Aug 2</i>	Month <i>Aug</i>	Day <i>2</i>	Y. <i></i>	M. <i></i>	D. <i>27</i>	Native of <i>Maryland</i>	Occupation <i>none</i>
<i>Male</i>	<i>White</i>	<i>Married</i>	<i>Widow</i>	<i>Divorced</i>	<i>Widower</i>	<i>Number of children living</i>	
<i>Female</i>	<i>Colored</i>	<i>Single</i>					
Husband of							
Wife							
Father's Name <i>Joshua Hull</i>				Mother's Name <i>Catherine Hull</i>			
Cause of	Primary	<i>Enteric Colitis</i>				How long sick	<i>10 days</i>
Death	Immediate	<i>Convulsions</i>				<i>Accident, Suicide, Homicide</i>	
Reported by <i>Arthur Williams</i>							
Address <i>Elk Ridge Howard Court</i>							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

Corroan & Hill

Sent by

Elkridge & Benetany

Information contained in this certificate received from

of

Name
in
Full

Not named Spinnack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

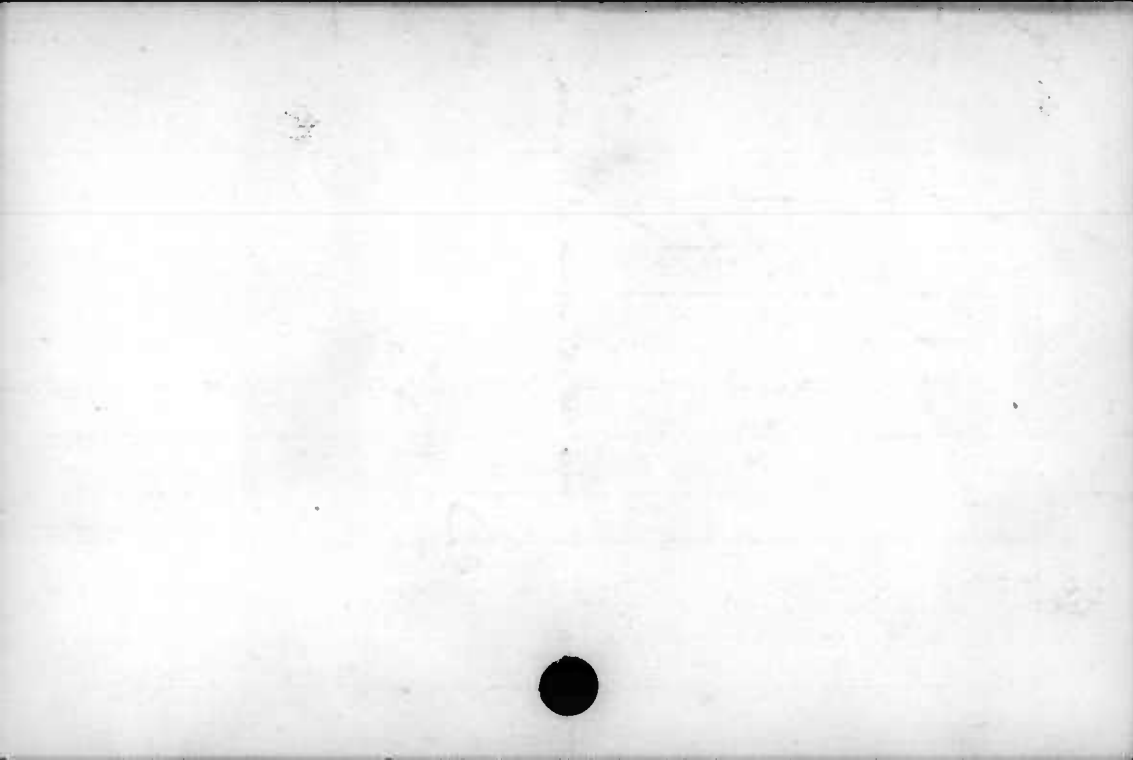
MARYLAND

Died at <i>(near) Jacksville</i> Town <i>Balto</i> County			
Date of death <i>1908-1-8</i>	Month <i>1</i> Day <i>8</i> Age <i>23</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Jacksville</i>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Chase Spinnack S.</i>	Father's Birthplace <i>(near) Sweet Air</i>		
Mother's Maiden Name <i>Rena Peters</i>	Mother's Birthplace <i>Blennheim</i>		
Name of person giving information <i>Mrs John Hitter</i>	How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Suit Borne S.</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. Payer</i>
	Address <i>Spring Brook</i>
Accident or Suicide?	



Name
in
Full

Reuben John

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton ^{Town} Balt ^{County} MARYLAND

Date of death 1905 ^{Month} 8 ^{Day} 19 ^{Years} 3 ^{Months} 2 ^{Days} 20

Sex Male Color or Race White Birth-place Balt Co

Occupation None Where Residing if not at place of death —

~~Deceased~~, Single
or WidenedName of Wife or
HusbandFather's Name Urias JohnFather's Birthplace BaltMother's Maiden Name Maggie LudwigMother's Birthplace BaltName of person giving
Information Mrs JohnHow related
to deceased Mother

CAUSES OF DEATH

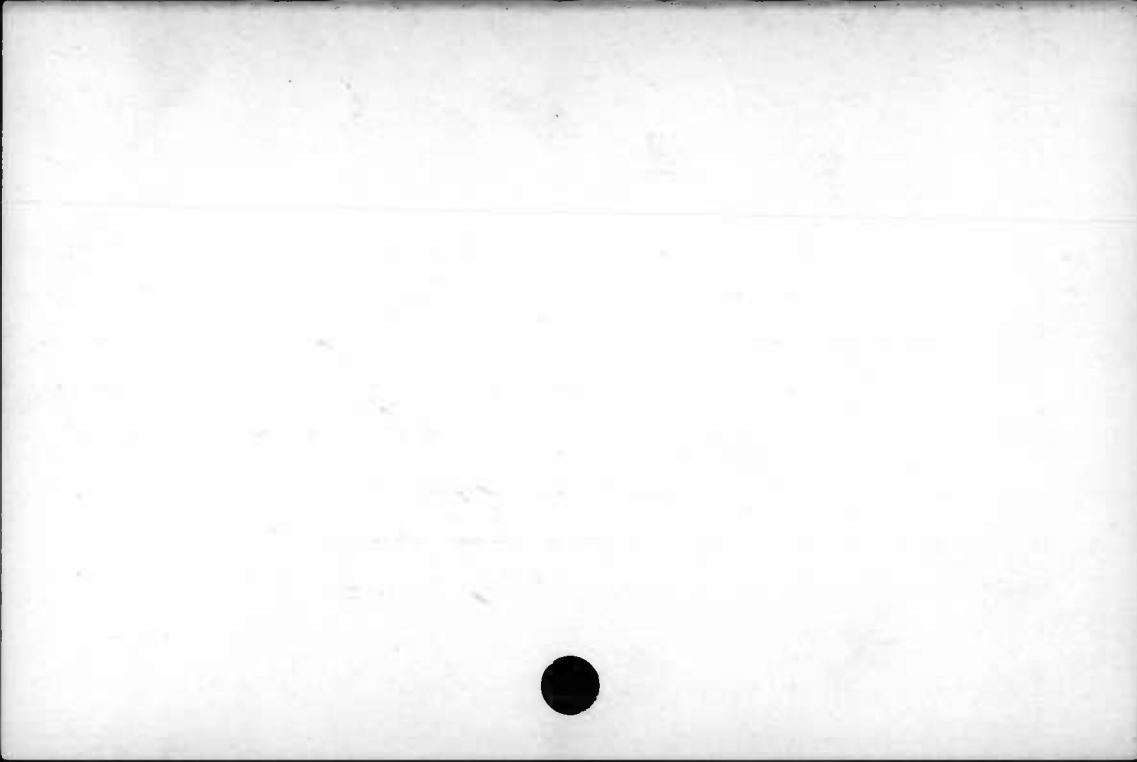
Primary Gastro-EnteritisHow long 4 daysImmediate ConvulsionHow long onedayAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

David W. Jones
3116 Oil Street

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full <i>Alfred T. Johnson</i>		CERTIFICATE OF DEATH			
Died at <i>Wm Capmel</i> Town <i>Baltimore</i> County		MARYLAND			
Date of death 190 <i>5</i> Month <i>aug</i> Day <i>14</i> Age <i>6.5</i> Years <i>3</i> Months <i>28</i> Days					
Sex <i>male</i> Color or Race <i>white</i> Birth-place <i>Hereford</i>					
Married, Single or Widowed <i>married</i> Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Sarah Johnson</i>					
Father's Name <i>William Johnson</i> Father's Birthplace <i>Parkston</i>					
Mother's Maiden Name <i>Elizabeth Adron</i> Mother's Birthplace <i>not known</i>					
Name of person giving information <i>Sarah Johnson</i> How related to deceased <i>wife</i>					
CAUSES OF DEATH					
Primary <i>Paralysis</i> <i>66</i>		How long <i>4 1/2 weeks</i>			
Immediate <i>Cerebra</i>		How long <i>24 hours</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. R. Mitchell</i>			
		Address <i>Wheaton, Md.</i>			
Accident or Suicide? <i></i>					



Name
in
Full

Elsie Rebecca Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Thistle Mills		Baltimore		MARYLAND	
Date of death		1905	Aug	30	Age	2	27
Sex		Female		Color or Race		White	
Birth-place		Thistle Mills					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Norris Johnson		Father's Birthplace	
Mother's Maiden Name				Pearl Welch		Mother's Birthplace	
Name of person giving information				Norris Johnson		How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	2 days
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. H. Stultz, M.D.	
		Address	
		Cotterville	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Florance B. Johnson</i>		Town <i>Phoenix</i>		County <i>Balto</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905</i>		<i>17</i>		<i>5</i>	
Month <i>8</i>		Day <i>9</i>		Years <i>17</i>		Days <i>24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Balto Co</i>			
Occupation <i>Seamstress</i>		Where Residing if not at place of death <i>Phoenix</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Hanson Johnson</i>		Father's Birthplace <i>Balto Co</i>					
Mother's Maiden Name <i>Henrietta C. Best</i>		Mother's Birthplace <i>Balto Co</i>					
Name of person giving information <i>Henrietta Johnson</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>1 year</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. M. R. Benson</i>	
		Address	
		<i>Cockeysville Md</i>	
Accident or Suicide?			
<i>Neither</i>			

Interment Yessop Cemetery
Friday May 11th

Please return permit

Mr. C. Brooks
Undertaker

Name in Full		John Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 1905		Month	Day	Years	Months	Days
	Sex		Color or Race		Birth-place		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
	Accident or Suicide?						

To Be Performed By

Emerson & Trench

Tanner Boston
Mass

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Henry Frederick Kagle*
 Died at *Reigistertown Road* ^{Town} *Ballo* ^{County}

Date of death *1905 Aug.* ^{Month} *27* ^{Day} Age *—* ^{Years} *1* ^{Months} *28* ^{Days}

Sex *Male* Color or Race *white America* Birth-place *Maryland*

Occupation *none* Where Residing if not at place of death *Reigistertown Road*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Henry Kagle* Father's Birthplace *Maryland*

Mother's Maiden Name *Louisa Lessig* Mother's Birthplace *Maryland*

Name of person giving information *Henry Kagle* How related to deceased *Father*

CAUSES OF DEATH

Primary *Marasmus* *(15)* How long *one month*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R. F. Hardesty M.D.*

Address *Station E*

Accident or Suicide?

London Park Lane
V. F. Walker)

Name
in
Full

CERTIFICATE OF DEATH

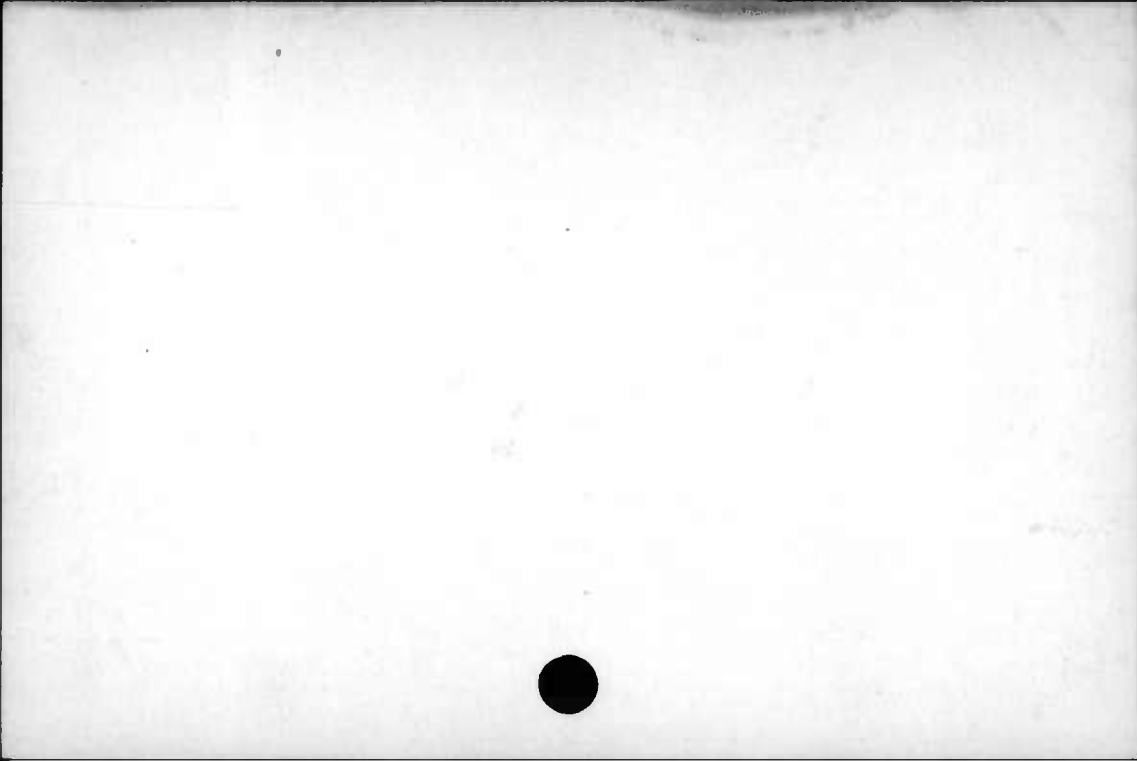
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Fondlebury</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190		5	Month 08	Day 31	Age Years 26	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Fondlebury (Md)</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Engineer</i>					
Name of Wife or Husband <i>Ethel May Wilson</i>							
Father's Name <i>John Kelbaugh</i>		Father's Birthplace <i>Patawice</i>					
Mother's Maiden Name <i>Ananda Kelbaugh</i>		Mother's Birthplace <i>Fondlebury (Md)</i>					
Name of person giving In formation <i>Franklin Wilson</i>		How related to deceased <i>Father-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis (from Flint Hill)</i>	How long <i>5 months</i>
Immediate <i>Hemorrhage</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Wilson M.D.</i>
	Address <i>Fondlebury Maryland</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

Chas. J. Kerns

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Canton

County

Balto.

MARYLAND

Date

of death 1905 Aug.

Month

Day

Age

Years

Months

Days

7

—

4

19

Sex

Male

Color or
Race

White

Birth-
place

Balto.

Occupation

Where Residing if not
at place of death

341 N. Clinton St.

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Chas. J. Kerns

Father's
Birthplace

Balto.

Mother's
Maiden Name

Maggie Fiedel

Mother's
Birthplace

Balto.

Name of person giving
In formation

Chas. J. Kerns

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Marasmus

How long

float. Kuss.

Immediate

Exhaustion

How long

about a week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. W. Chesley M.D.

Address

1013 Canton St.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Eliza King

CERTIFICATE OF DEATH

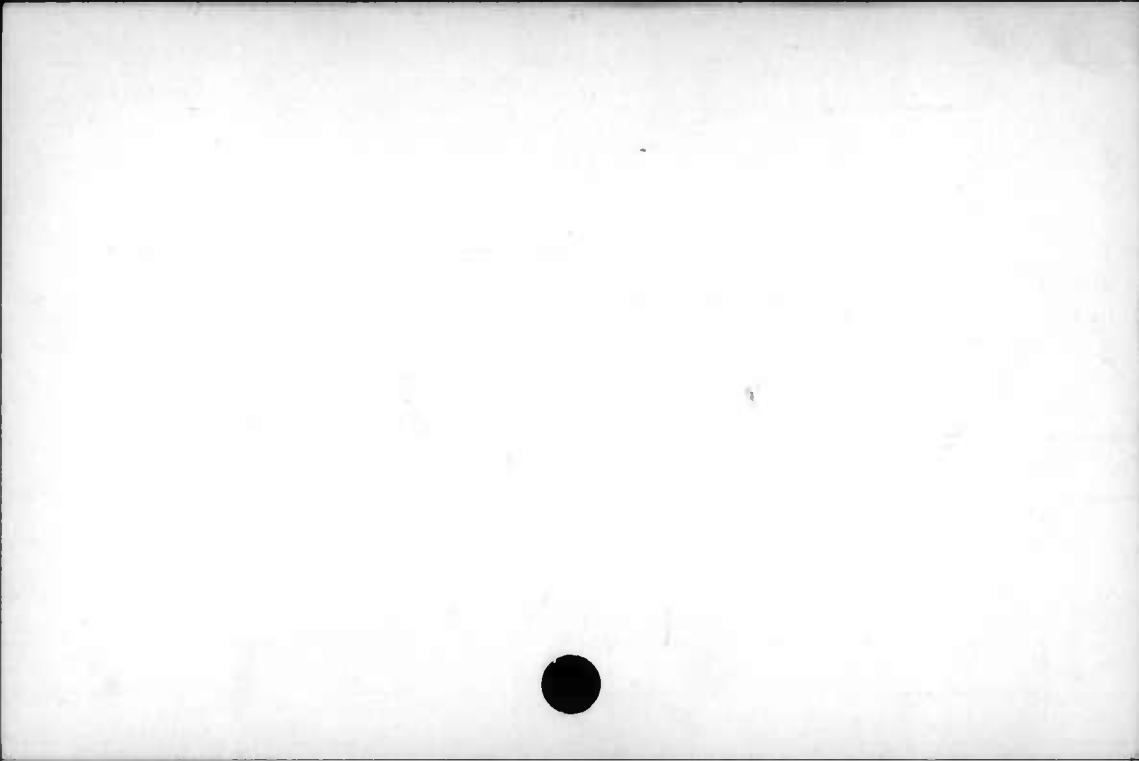
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1905	Month	Aug	Day	22
Age	25	Years		Months	
Sex	female	Color or Race	Colored	Birth-place	Va
Occupation	House work	Where Residing if not at place of death		Catonville	
Married, Single		Name of Wife or Husband			
Father's Name		<u>Wm J King</u>		Father's Birthplace	Va
Mother's Maiden Name		<u>Nedden Bohalton</u>		Mother's Birthplace	Va
Name of person giving Information		<u>Beverly Howard</u>		How related to deceased	Raised by

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Mania</u>	How long	<u>3 weeks</u>
Immediate	<u>Asthenia</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		<u>Marshall B West</u>	
Address		<u>Catonville</u> <u>Md.</u>	
Accident or Suicide?			



Name
in
Full

Phoebe Loretta Kovacs

CERTIFICATE OF DEATH

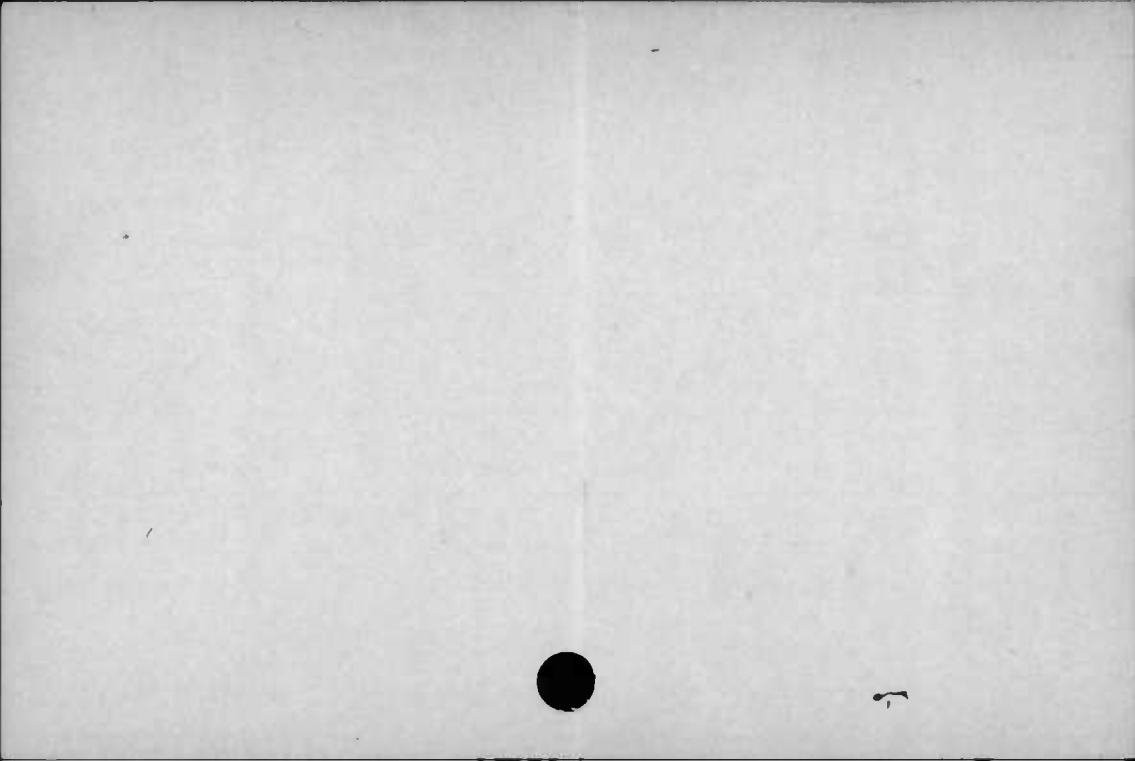
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sparrows Pt.		County Baltimore		MARYLAND	
Date of death	1905	Month Aug.	Day 27	Age	Years 2	Months 10	Days 13
Sex	Female		Color or Race	White		Birth- place	Sparrows Pt.
Occupation	none		Where Residing if not at place of death		Sparrows Pt.		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	J. B. Kovacs					Father's Birthplace	Maryland
Mother's Maiden Name	C. E. Broll					Mother's Birthplace	Maryland
Name of person giving information						How related to deceased	Grand Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastritis	How long	one year
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. K. Peltekian M.D.
yes		Address	Sparrows Pt. Md.
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County
	Date of death		Month	Day	Years
	Sex		Color or Race	Birth-place	Months
	Occupation		Where Residing if not at place of death		Days
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name		Father's Birthplace		
	Mother's Maiden Name		Mother's Birthplace		
	Name of person giving information		How related to deceased		
<div style="text-align: center;">CAUSES OF DEATH</div>					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Accident or Suicide?		Address		

Mary Hoontz
Mt Hope

Baltimore

MARYLAND

190 Aug 14th Age 64 unknown unknown

Female White Frederick Md

Stone Baltimore Md

unknown unknown

unknown unknown

Reeds Mt Hope Md not at all

CAUSES OF DEATH

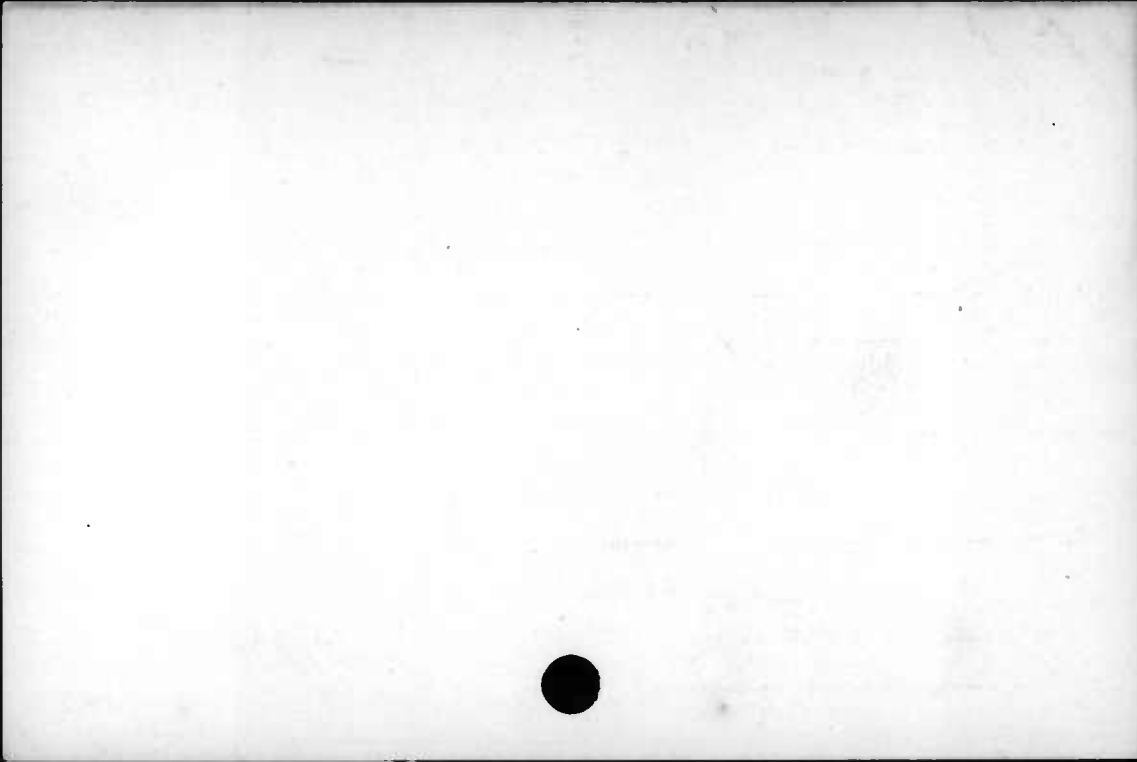
Melancholia One week

Exhaustion One week

Yes C. B. Gussor

Mt Hope Md

No



Name

in
Full

CERTIFICATE OF DEATH

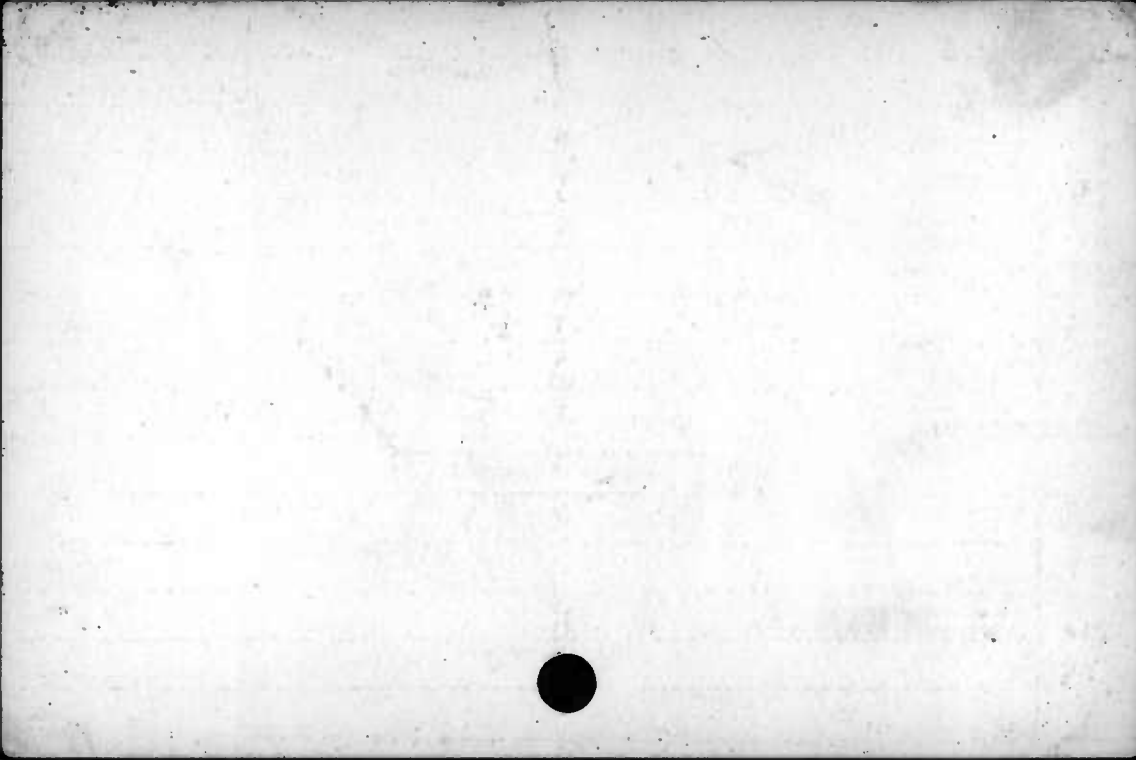
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Batonsville</i>		<i>Balto</i> County		MARYLAND	
Date of death 1-90 <i>5</i>	Month <i>Aug</i>	Day <i>31</i>	Years <i>40</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed			Occupation <i>—</i>		
Name of Wife or Husband <i>Benny Storte</i>					
Father's Name <i>Fredrick Holtman</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Sofa Holtman</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Benny Storte</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Haemorrhage</i>	How long <i>about 4 yrs ago</i>
Immediate <i>Exhaustion from paralysis</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. Rushman White</i>
	Address <i>Batonsville Md.</i>
Accident or Suicide?	



Name
in
Full

Anna Krull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month <i>8</i>	Day <i>22</i>	Age	Years <i>1</i> Months <i>hour</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>C</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>C</i>				
Father's Name <i>Oscar Krull</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Anna A. Friederich</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Oscar Krull</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spasms</i>	How long <i>1 hour</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Margaret Schoening</i> <i>504 N. Third St</i>
Accident or Suicide? <i>No</i>	

Printing Cemetery
H. Sander Son

Name
in
Full

Mary A. Leonard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		St. Helena		County		Balto		MARYLAND	
Date of death		190	5	Month	8	Day	3	Age	55
Sex		Female		Color or Race		White		Birth-place	
Occupation		Saloon Keeper		Where Residing if not at place of death		St. Helena			
Married, Single or Widowed		W		Name of Wife or Husband					
Father's Name		Chas. A. Leonard		Father's Birthplace		Balti			
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information		Annie Puhli		How related to deceased		Blaufr			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	3 weeks
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jas. L. Quayman	
Address		3rd South High and town.	
Accident or Suicide?		No	

London Park. Am.

J Herwig & Son

8/4/85.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Caroline Ligan

Died at Soreley TownBaltimore County

MARYLAND

Date
of death 1905Month 8Day 2

Age

Years 25

Months

Days

Sex FemaleColor or
RaceBlackBirth-
placeSoreley

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandChas LiganFather's
NameJames CouplinFather's
BirthplaceMother's
NameSizzier CouplinMother's
BirthplaceName of person giving
InformationChas LiganHow related
to deceasedHusband

CAUSES OF DEATH

Primary

Intercolonis

How long

Immediate

Heart Failure

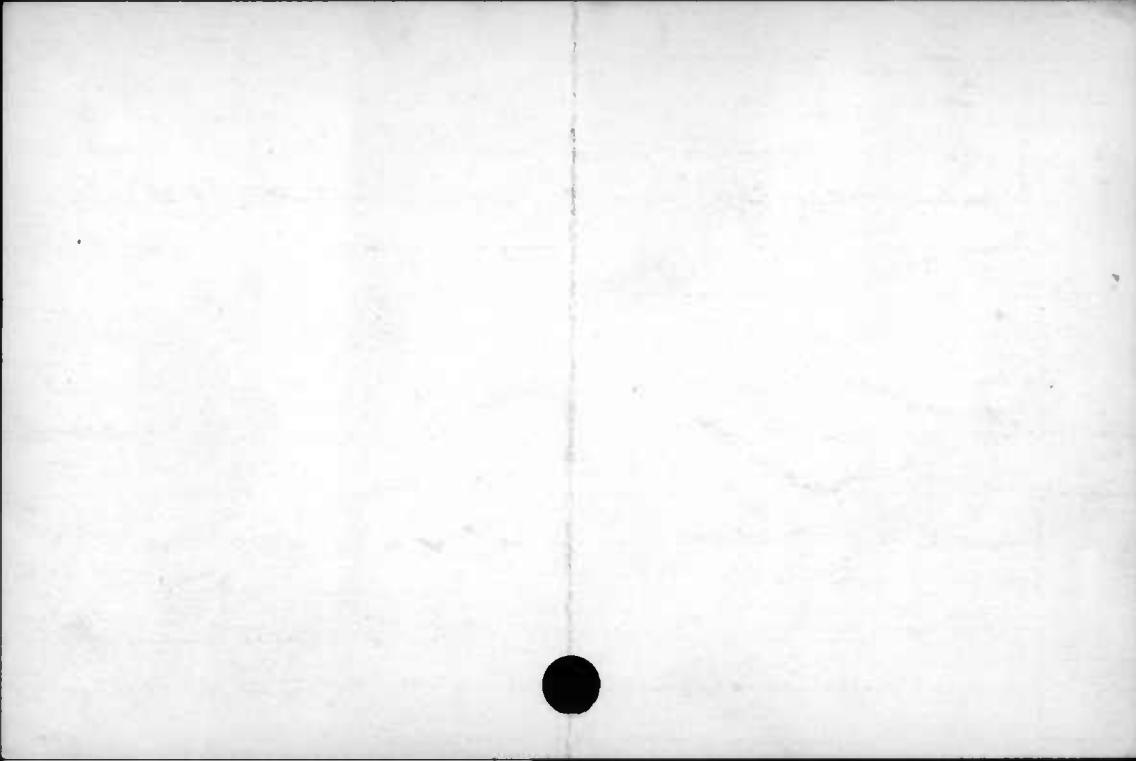
How long

Are the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

J. A. Smith
Baltimore
MD

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Bough Lindsay

Town

County

MARYLAND

Died at

Texas

Baltimore

Date
of death 190

Month

Aug

Day

2

Age

Years

79

Months

8-

Days

Sex

Male

Color or
Race

White

Birth-
place

Ireland

Occupation

Retired

Where Residing if not
at place of death

Texas

Married, Single
or WidowedName or Wife or
Husband

Catharine Lindsay

Father's
Name

James Lindsay

Father's
Birthplace

Ireland

Mother's
Maiden Name

Catharine Mayse

Mother's
Birthplace

Ireland

Name of person giving
Information

Michael J. Lindsay

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senility

How long

Immediate

Cardiac failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

B. F. Buecy

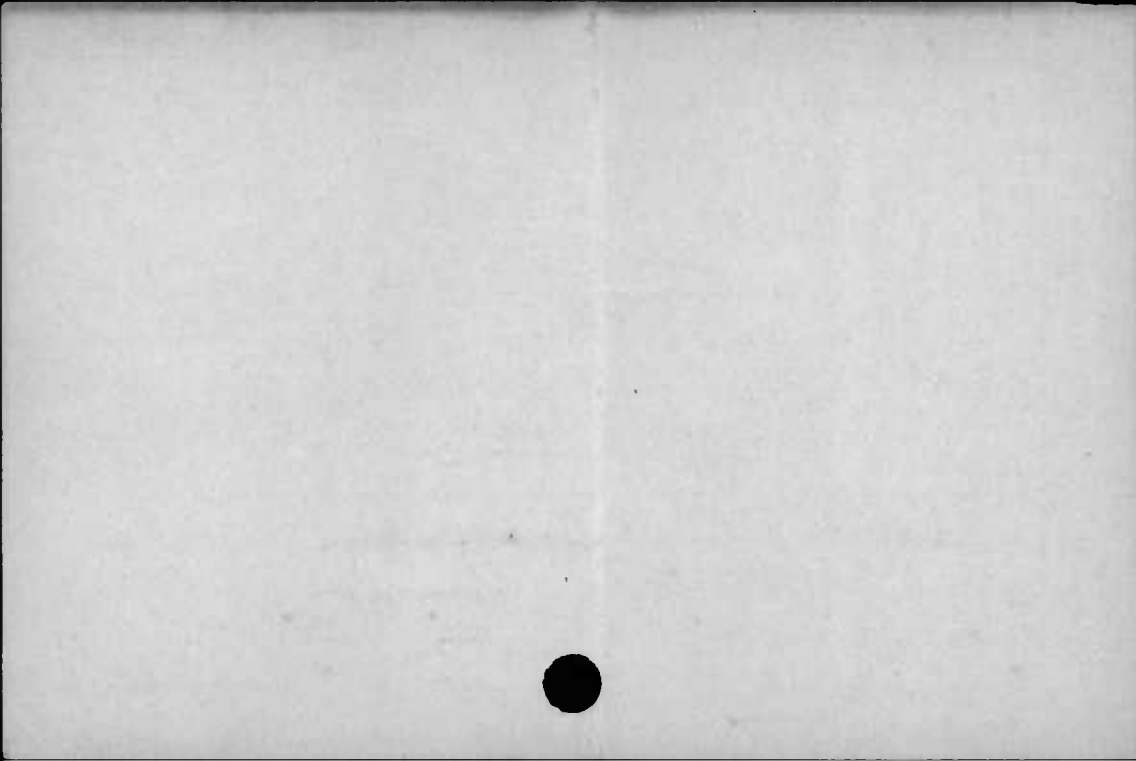
Address

Texas, Md.

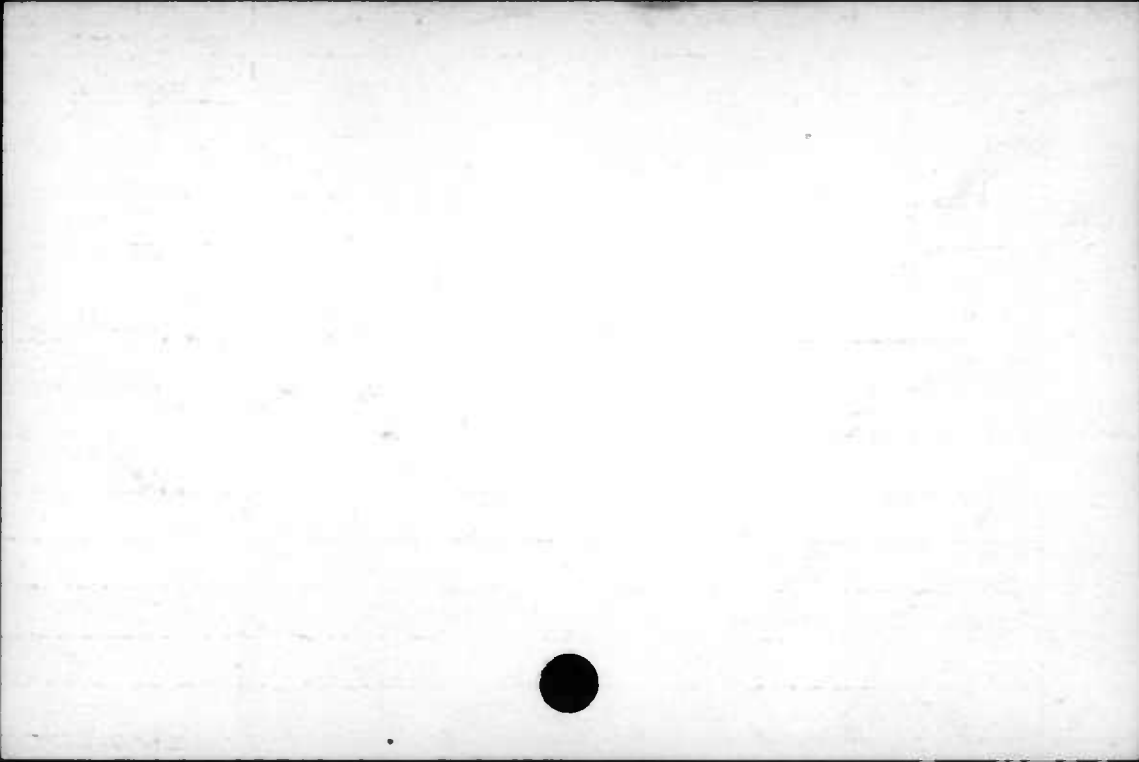
Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full <i>Kellie May McGadden</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Walkers</i> ^{Town}		<i>Balto.</i> ^{County}
	Date of death <i>1905</i> ^{Month} <i>8</i> ^{Day} <i>29</i>		<i>14</i> ^{Years} ^{Months} <i>3</i> ^{Days} <i>7</i>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto Co.</i>
	Occupation <i>Student</i>	Where Residing if not at place of death <i>Walkers</i>	
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband	
	Father's Name <i>Laurence McGadden</i>	Father's Birthplace <i>Maryland</i>	
	Mother's Maiden Name <i>Kellie C. Rooney</i>	Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>Laurence McGadden</i>	How related to deceased <i>Father</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Acute Pulmonary Tuberculosis</i>	How long <i>1 year</i>	
	Immediate <i>Asthenia</i>	How long <i>5 weeks</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. W. Heyde, M.D.</i>	
		Address <i>Parkton</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Patric McGoorty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New Windsor		County Baltimore Co		MARYLAND	
Date of death 1905	Month August	Day 2nd	Age 2	Years	Months	Days	
Sex Male		Color or Race White		Birth- place Baltimore			
Married, Single or Widowed				Occupation Infant			
Name of Wife or Husband Patric McGoorty							
Father's Name Patric McGoorty				Father's Birthplace Ireland			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ilio colitis	How long	3 weeks
Immediate	Ne phritis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Kane Jr	
		Address New Windsor, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edward Mac Donald</i>		Town <i>St. Agnes' Hosp.</i>		County <i>Balto.</i>		MARYLAND	
Died at		Month <i>Aug.</i>		Day <i>27</i>		Years <i>35</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>			
Occupation <i>Compositor</i>		Where Residing if not at place of death <i>116 Franklin St.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Laughlin M. Donald</i>		Father's Birthplace <i>Prince Ed. Isl.</i>					
Mother's Maiden Name <i>Ellen O'Garman</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Mrs. Fahey</i>		How related to deceased <i>Sister</i>					

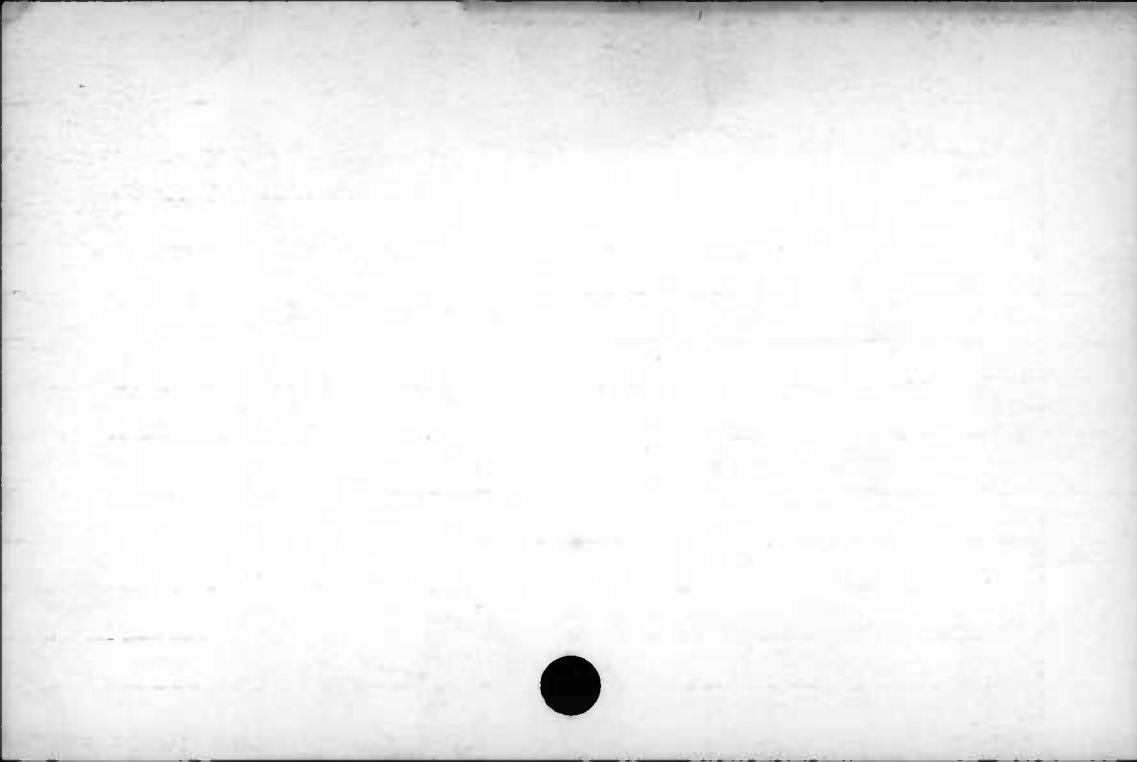
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. M. M. M. N.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Baltimore</i>						MARYLAND	
		Date of death <i>1905 Aug</i>		Month <i>10</i>		Day <i>20</i>		Years <i>7</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
		Occupation <i>Immature of</i>				Where Residing if not at place of death <i>St Marys Ind. School</i>			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
		Father's Name				Father's Birthplace			
		Mother's Maiden Name				Mother's Birthplace			
		Name of person giving information				How related to deceased			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>Valv. dis of Heart. Anaemia</i>				How long <i>Since infancy</i>			
		<i>acute indigestion - diarrhoea</i>				How long <i>3 weeks</i>			
		Immediate <i>debility. Condition Anaemic</i>							
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>A. H. Layton</i>			
						Address <i>1136 Whymington St</i>			
		Accident or Suicide?							



Name
in
Full

Annie May Magruder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Roland Park</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	Month <u>August</u>	Day <u>13</u>	Years <u>47</u>	Months <u>11</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>Roland Park</u>				
Married, <u>Single</u>	Name of Wife or Husband <u>Edward B Magruder</u>				
Father's Name <u>Cyril W. Keech</u>	Father's Birthplace <u>MD</u>				
Mother's Maiden Name <u>Rachel I Glasco</u>	Mother's Birthplace <u>do</u>				
Name of person giving Information <u>Edward K. Magruder</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Mitral Stenosis</u>	How long <u>7 months</u>
Immediate <u>Cerebral Embolism</u>	How long <u>20 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. Gibson Porter</u>
	Address <u>Roland Park Md</u>
Accident or Suicide? <u>No</u>	

211 Park Ave

Stuart + Mowen

Interment of Greenmount
Cemetery Aug 18/85-

Stuart & Mowen
215 - Park Ave
Baltimore Md.

Name
in
Full

Mrs. Margaret Manning

CERTIFICATE OF DEATH

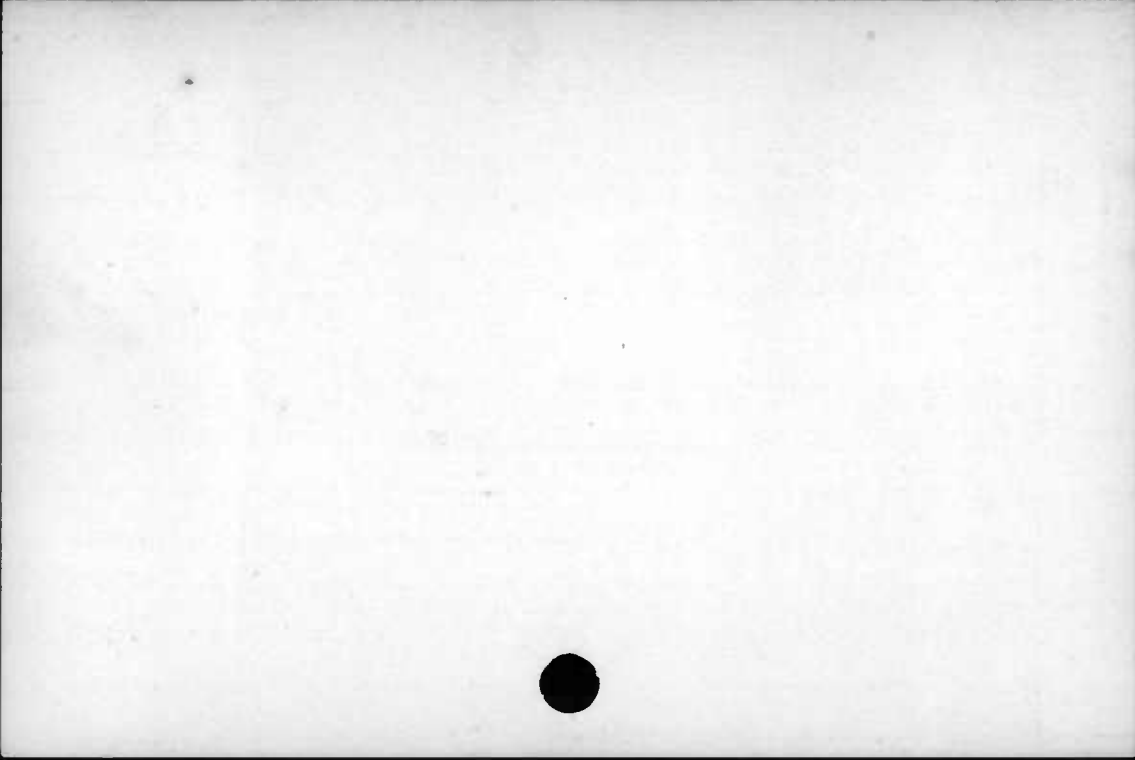
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hosp.</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug.</i>	Day <i>25</i>	Years <i>57</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. P. Mera M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

Elvira Marston

CERTIFICATE OF DEATH

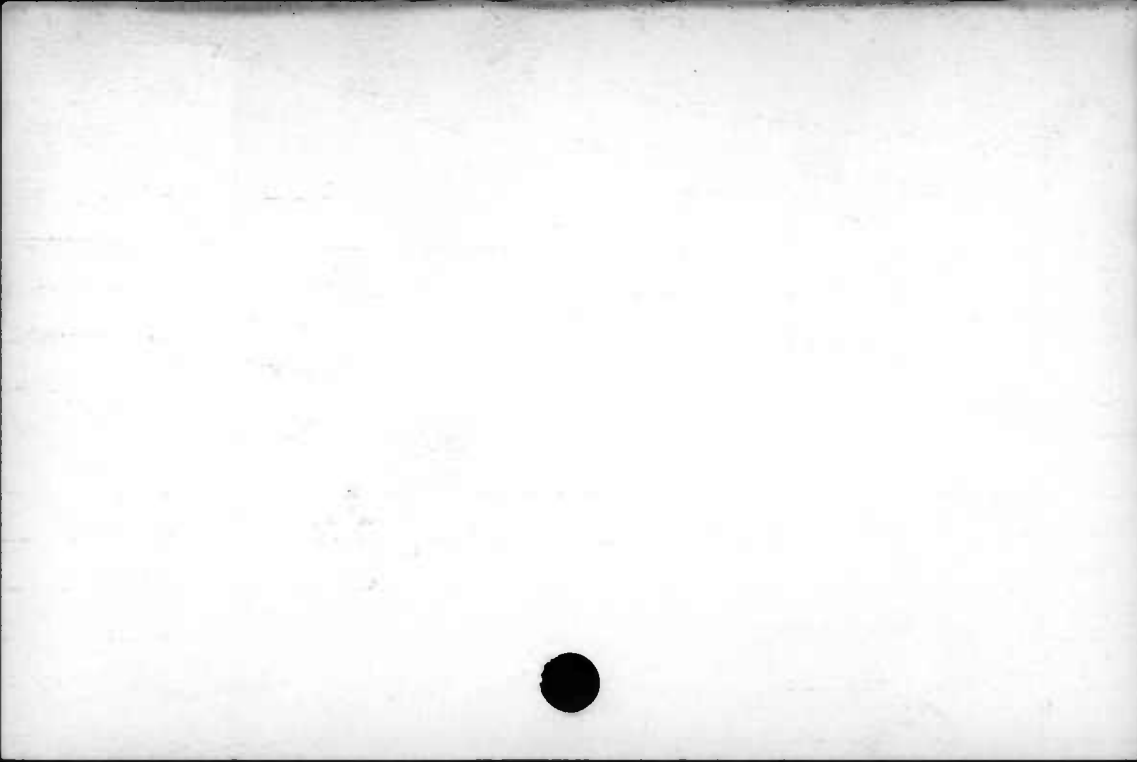
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Alberton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug.</u>	Day <u>13</u>	Age <u>1</u>	Months <u>1</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Virginia</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>John R. Marston</u>			Father's Birthplace <u>Virginia</u>		
Mother's Maiden Name <u>Clorinda E. Burns</u>			Mother's Birthplace <u>Virginia</u>		
Name of person giving information <u>John R. Marston</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Brⁿchitis</u>	How long <u>1 month</u>
Immediate <u>Convulsions</u>	How long <u>3 hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. B. Bland</u>
	Address <u>Alberton, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Melvin Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Orlean		County Baltimore		MARYLAND	
Date of death	1905	Month	May	Day	21	Age	Years 3
Sex	Female		Color or Race	Negro		Birth-place	Home
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			E. Peter Matthews			Father's Birthplace	
Mother's Maiden Name			Mary E. Hull			Mother's Birthplace	
Name of person giving information			Father			How related to deceased	

CAUSES OF DEATH

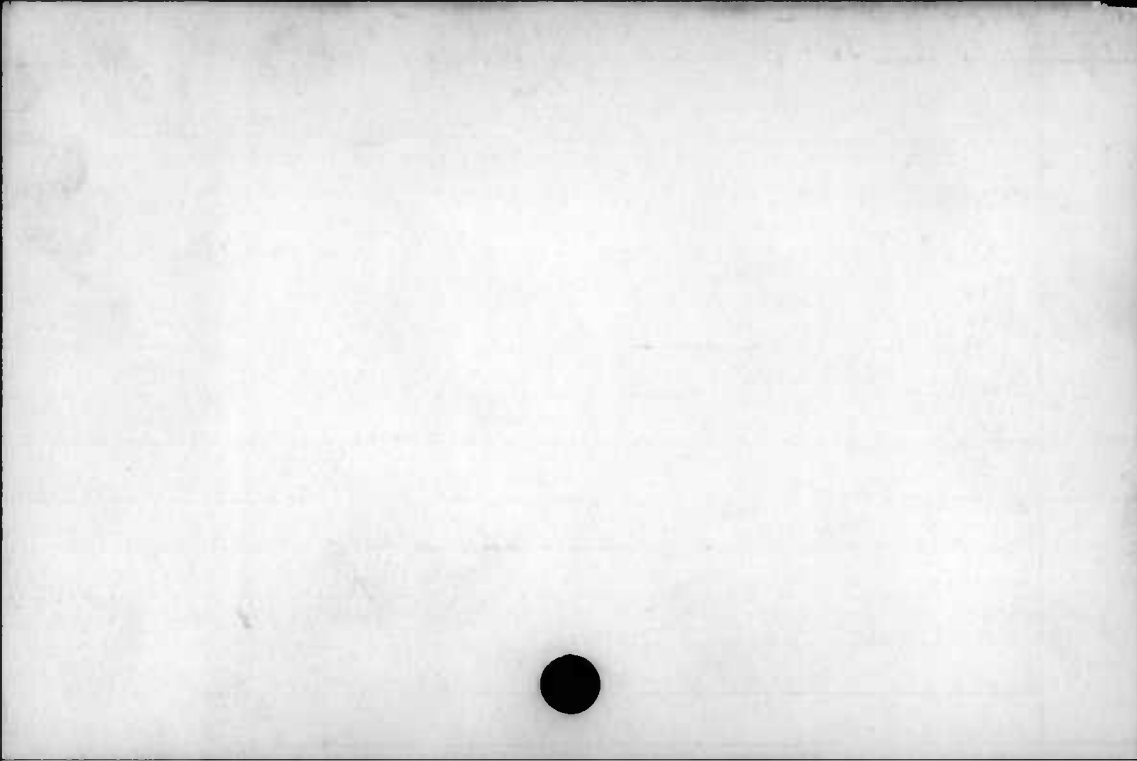
PHYSICIAN
OR CORONER

Primary	Cerebral Meningitis	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. M. B. [Signature]	
Address		[Signature]	
Accident or Suicide?			

27



Name in Full		George Leo Meyd				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Baltimore		Bolt.		MARYLAND
	Date of death 190		5	Month August	2	Day 15	Age 15
	Sex		Male		Color or Race white		Birth- place Md.
	Married, Single or Widowed		single		Occupation Student		
	Name of Wife or Husband						
	Father's Name Charles Meyd				Father's Birthplace Md.		
	Mother's Maiden Name Elenora Schwakopf.				Mother's Birthplace D. C.		
Name of person giving In formation Louisa Schmuck.				How related to deceased Aunt.			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tetanus			How long 7 days	
	Immediate		Convulsions			How long 24 hours	
	Are the name, age, sex, color, date and place correctly given above?			yes			
				Signature of Physician Henry Shaban M			
			Address Wilmington				
Accident or Suicide?							



Name in Full

Willie Millhousen

Certificate of Death

Died at Lorley Town Baltimore C County MARYLAND

Date 19 05 Month 8 Day 18 Age 25 Y. M. D. Native of " " Occupation Maryland

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name

August Millhousen

Mother's
Maiden Name

Annada Knight

Cause of

Primary

Enteric Colic

Death

Immediate

(Exhaustion)

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

Dr. W. Gilbert

Address

Lorley Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Willie Milhousen

Certificate of Death

Died at Londley Town Balls. County MARYLAND

Date 1905 Month 8 Day 15 Age 2, 5 Y. M. D. Native of Maryland Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife

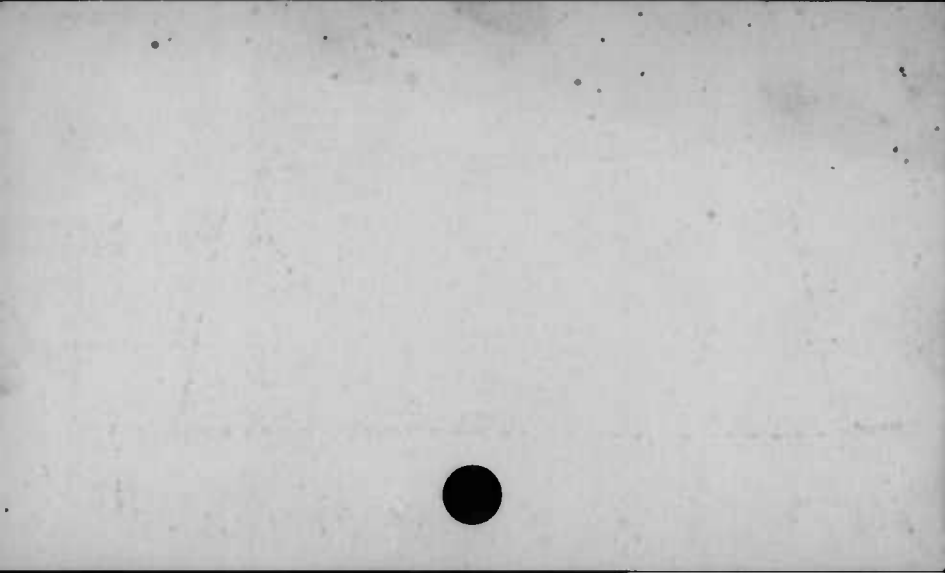
Father's Name August Milhousen Mother's Name Ermenda Knight
 Maiden Name

Cause of Death { Primary Enteric-Colic How long sick Two Weeks
 Immediate Exhaustion 106 Accident, Suicide, Homicide

Reported by Dr. C. Gilbert

Address Londley Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Martin Miller		Town Bolgate Creek		County Baltimore		State MARYLAND	
Died at		Date of death		Age		Months	
		1905 Aug 4		27		8 12	
Sex Male		Color or Race White		Birth-place Baltimore			
Occupation Laborer		Where Residing if not at place of death 2407 Canton Ave					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name George Miller		Father's Birthplace Batto.					
Mother's Maiden Name Lena Haas		Mother's Birthplace "					
Name of person giving information John Moll		How related to deceased undertaker					

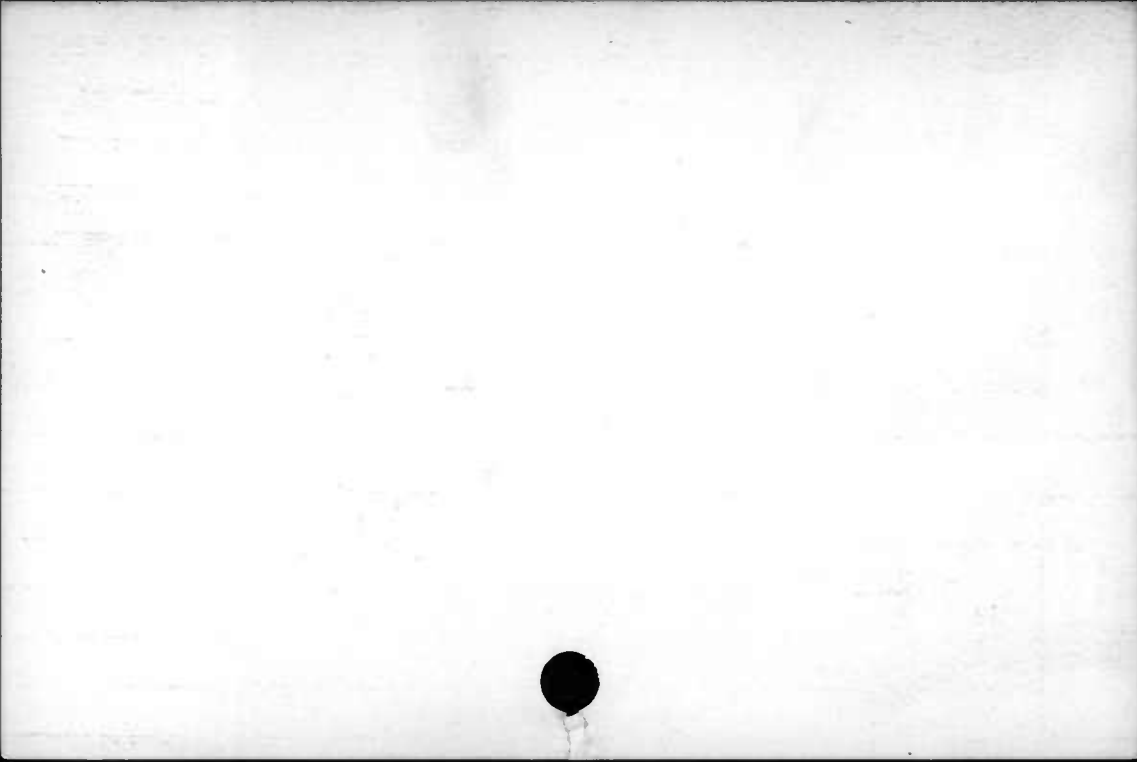
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accident	How long	
Immediate	Drowning	How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Fred G Pfeffer	
		Address 1218 First St	
Accident or Suicide? Accident			

David Smith Sen.
St James Ohio

Name in Full		<h1> Helmina Miller </h1>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Died at		Gardenville		Baer	
		Date of death		Month		Day	
		1905		Aug.		29	
		Age		Years		Months	
Sex		Color or Race		Birth-place		Days	
Female		White		Gardenville		7	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Rudolph Miller				Father's Birthplace	
Mother's Maiden Name		Elizabeth Straub				Germany	
Name of person giving information		Rudolph Miller				Mother's Birthplace	
						How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Cholera-Infantum		How long	
				10		4 days	
		Immediate		Convulsions		How long	
						several hours	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
				Mr. D. Case			
				Address			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Thomas A Monigle*

Died at *Mt Hope Retreat* Town *Baltimore* County

Date of death *1905* Month *Aug* Day *6th* Age *23* Years Months *Unknown* Days *Unknown*

Sex *Male* Color or Race *White* Birth-place

Occupation *Morocco Worker* Where Residing if not at place of death *Wilmington Del.*

~~Married~~ Single or Widowed *Single* Name of Wife or Husband

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *11* Mother's Birthplace *11*

Name of person giving information *Reeds Mt Hope Retreat* How related to deceased *Not at all*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Melancholia* How long *abt 9 or 10 wks.*

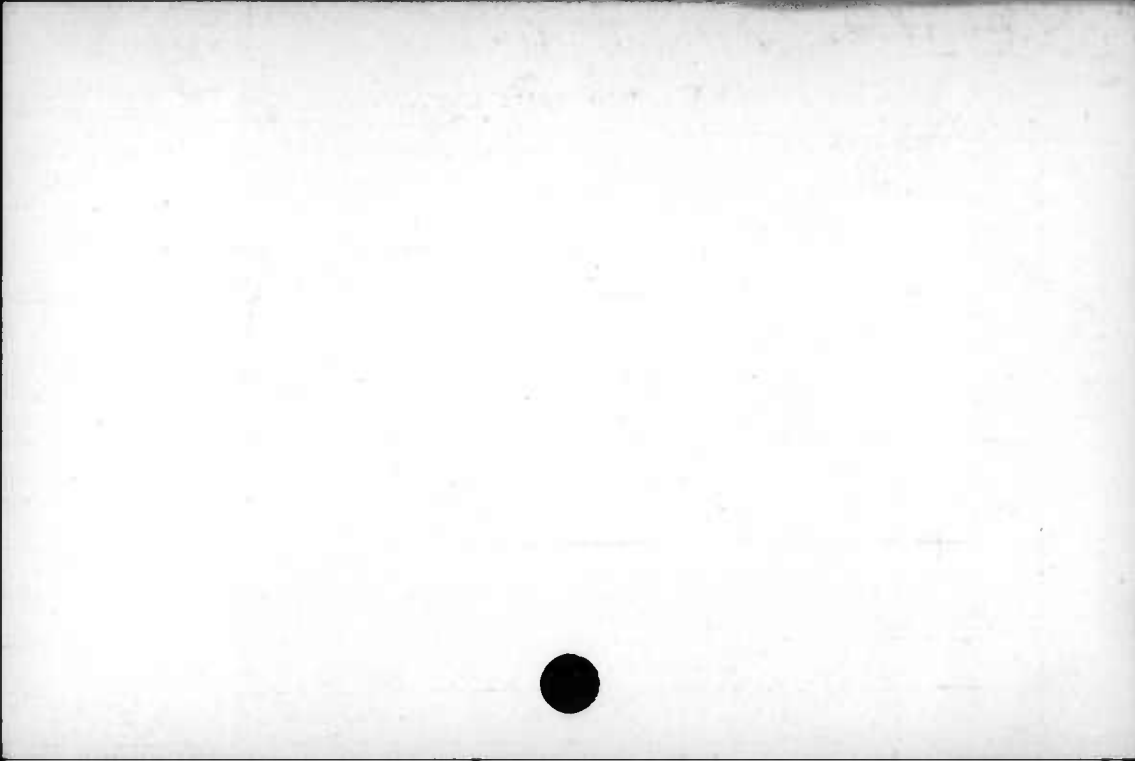
Immediate *Ex-Pul. Abscess (Tubercular?)* How long *abt 2 mos.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank J. Flannery*

Address *Mt Hope Retreat
Baltimore Md.*

Accident or Suicide? *Accident*



Name in Full Barbara Morrison		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at My home & Woodbrook Baltimore		MARYLAND
	Date of death Aug. 2 1905	Month Aug.	Day 2
	Age 6 Months		Months —
	Sex Female	Color or Race White	Birthplace Baltimore Co
	Occupation —		Where Residing if not at place of death —
	Married, Single or Widowed Single	Name of Wife or Husband Harry Morrison & Mary Morrison	
	Father's Name Harry Morrison	Father's Birthplace Baltimore	
Mother's Maiden Name Mary Walters	Mother's Birthplace Baltimore		
Name of person giving information Harry Morrison	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Enterocolitis	How long 6 wks	(195)
	Immediate Exhaustion	How long —	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Geo. H. Hoeking	
		Address Granville, Sta A City	
	Accident or Suicide?		

Newfentkins & Sons Co
undertakers

Greenmount Cem

Woodbrook

Name

in
Full

Infant of Dr Alfred & Ada Mutter

CERTIFICATE OF DEATH

Died at Pikeville

Town

Baltimore

County

MARYLAND

Date

of death 190

5

Month

8

Day

20

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Pikeville

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Alfred Mutter S.

Father's
Birthplace

Md.

Mother's
Maiden Name

Ada Lawrence

Mother's
Birthplace

Md.

Name of person giving
In formation

Alfred Mutter

How related
to deceased

Father

CAUSES OF DEATH

Primary

Stillborn

How long

Immediate

S.

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

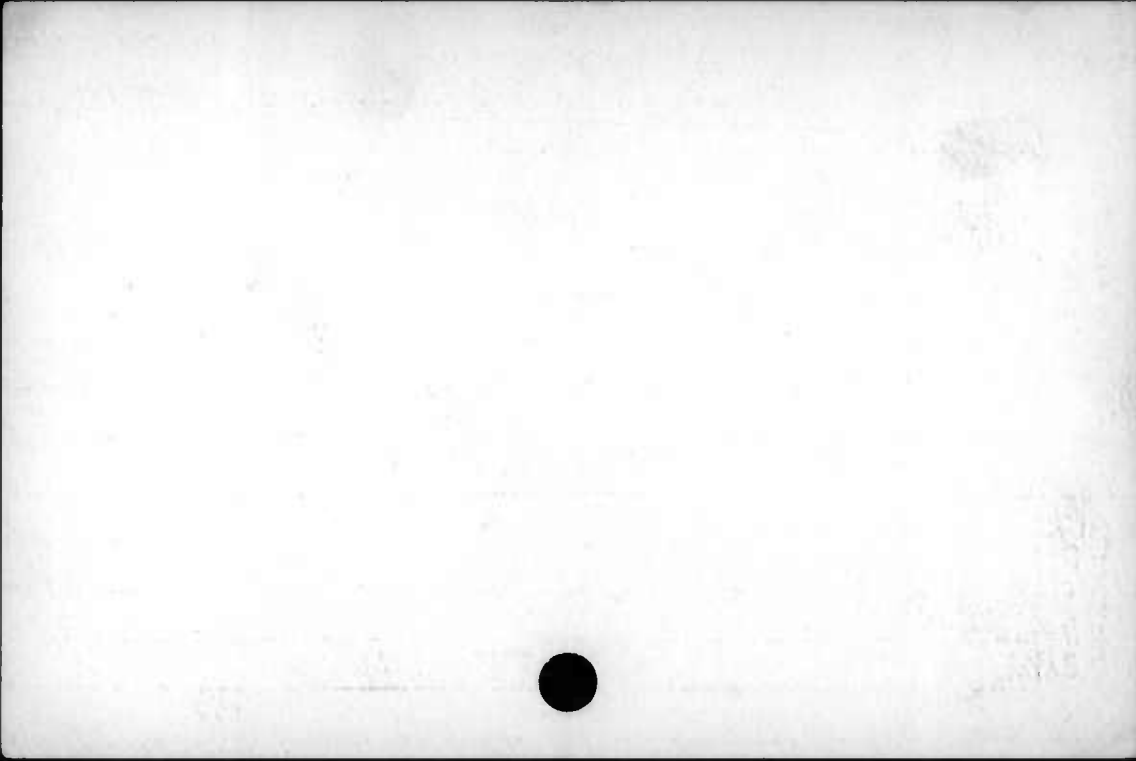
Signature of
Physician

Address

W. E. M. Jr.
Pikeville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

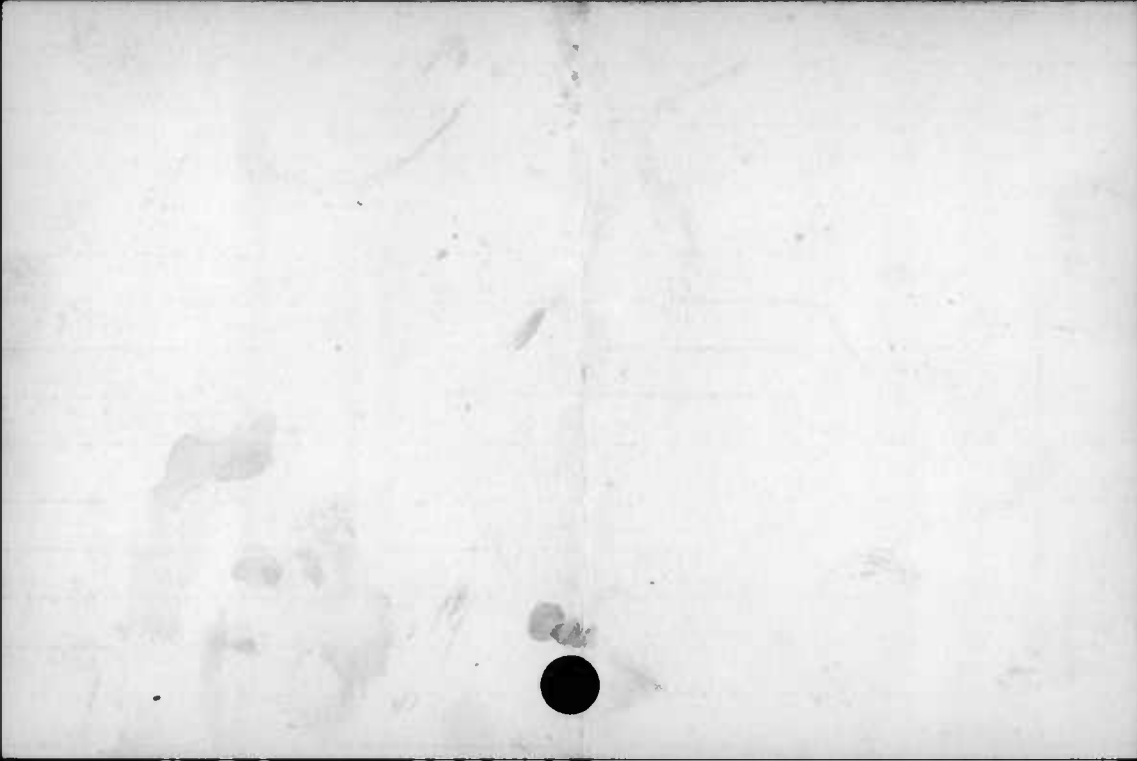
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Becklessville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190	<i>5</i> Month <i>August</i>	Day <i>18th</i>	about Years <i>75</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Grave Run Mills</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Henry Nace</i>					
Father's Name <i>Jacob Nace</i>			Father's Birthplace <i>Marble Co</i>		
Mother's Maiden Name <i>Betsy Ann Leather</i>			Mother's Birthplace <i>Pa.</i>		
Name of person giving information <i>Jessie Nace</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Near one week</i>
Immediate <i>Hemorrhage of brain</i>	How long <i>About 24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Norris M.D.</i>
	Address <i>Beckleysville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Warner F. Nelson</i>		Town <i>St. Agnes'</i>		County <i>Balto.</i>		Died at <i>Maryland</i>	
Date of death <i>1905 Aug.</i>		Month <i>Aug.</i>		Day <i>16</i>		Age <i>33</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>		Months <i></i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>		Days <i></i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i></i>		Father's Birthplace <i></i>					
Mother's Maiden Name <i></i>		Mother's Birthplace <i></i>					
Name of person giving information <i></i>		How related to deceased <i></i>					

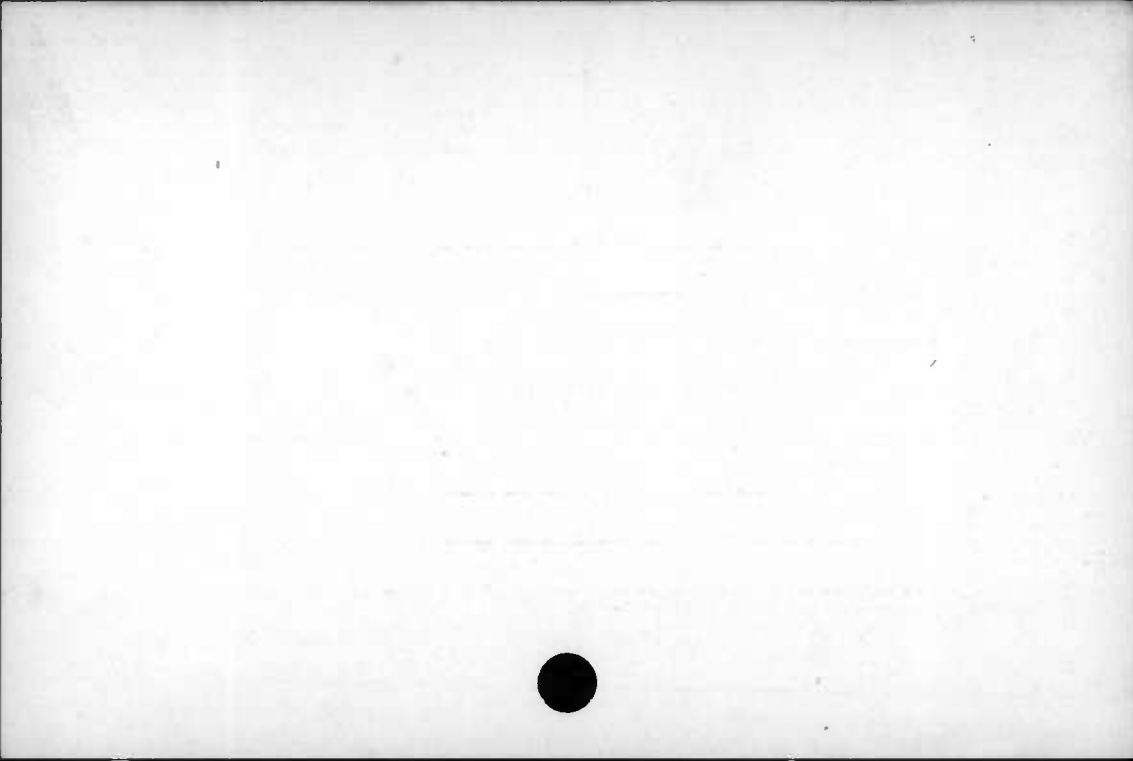
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i></i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i></i>	Signature of Physician <i>J. T. Moore M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide? <i></i>	



Name in Full		Cornelia Frances Newkirk				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Westport		County Baltimore		MARYLAND	
	Date of death	1905	Month Aug.	Day 3	Age —	Years 5	Days 23
	Sex	F.		Color or Race	W.		Birth-place Westport, Md.
	Occupation	none			Where Residing if not at place of death ✓		
	Married, Single or Widowed	✓		Name of Wife or Husband ✓			
	Father's Name	Paul Newkirk				Father's Birthplace	New Jersey
	Mother's Maiden Name	Syfer				Mother's Birthplace	New Jersey
PHYSICIAN OR CORONER	Name of person giving information	Paul Newkirk				How related to deceased	Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Enteric Colitis				How long	24 days.
	Immediate	✓				How long	✓
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Levi Branin M.D.
	Accident or Suicide?					Address	400 Hanover St Baltimore.



Name
in
Full

Samuel O'Connor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month	Day	Age	Years	Months	Days
5		Aug	29	69		6	15
Sex	male		Color or Race	white		Birth-place	Balto city
Married, Single or Widowed	widower		Occupation	Capt U. S. Navy.			
Name of Wife or Husband	unknown						
Father's Name	Thomas O'Connor					Father's Birthplace	Ireland.
Mother's Maiden Name	Margaret O'Neill					Mother's Birthplace	Ireland.
Name of person giving information	Josephine Stowell					How related to deceased	Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastritis	How long	2 weeks
Immediate	Hypostatic Pneumonia	How long	48 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. C. Hess, M.D.
		Address	STATION H, (GOVANS), BALTIMORE, MD.
Accident or Suicide?			

G. F. Walker

723 N Lafayette Ave

To, Druid, Red gr. Cemetery.

Name
in
Full

Odeusoss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lansdowner		County Baltimore		MARYLAND	
Date of death	1905	Month August	Day 17	Age Years	Months	Days	8
Sex	male		Color or Race	white		Birth-place	Balt Co. Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	John Odeusoss				Father's Birthplace	Germany	
Mother's Maiden Name	Katie Martin				Mother's Birthplace	A.A.C. Md.	
Name of person giving information	John Odeusoss				How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cyanosis	How long	
Immediate	Asphyxia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank H. Wahl
		Address	Lansdowner - Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Emily Virginia Parker

Died at *Mauvo* Town

Balt. County

MARYLAND

Date of death *1905*

Month *Aug*

Day *31*

Age *75* Years

Months *10*

Days *19*

Sex *Female*

Color or Race *White*

Birth-place *Balt. City*

Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Widow*

Name of Wife or Husband *John A Parker*

Father's Name *Geo M. Lovell*

Father's Birthplace *Balt City*

Mother's Maiden Name *Mary O'Sterring*

Mother's Birthplace *Balt City*

Name of person giving information *Edla Parker*

How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Carcinoma of Uterus*

How long *3 yrs*

Immediate *Septicemia*

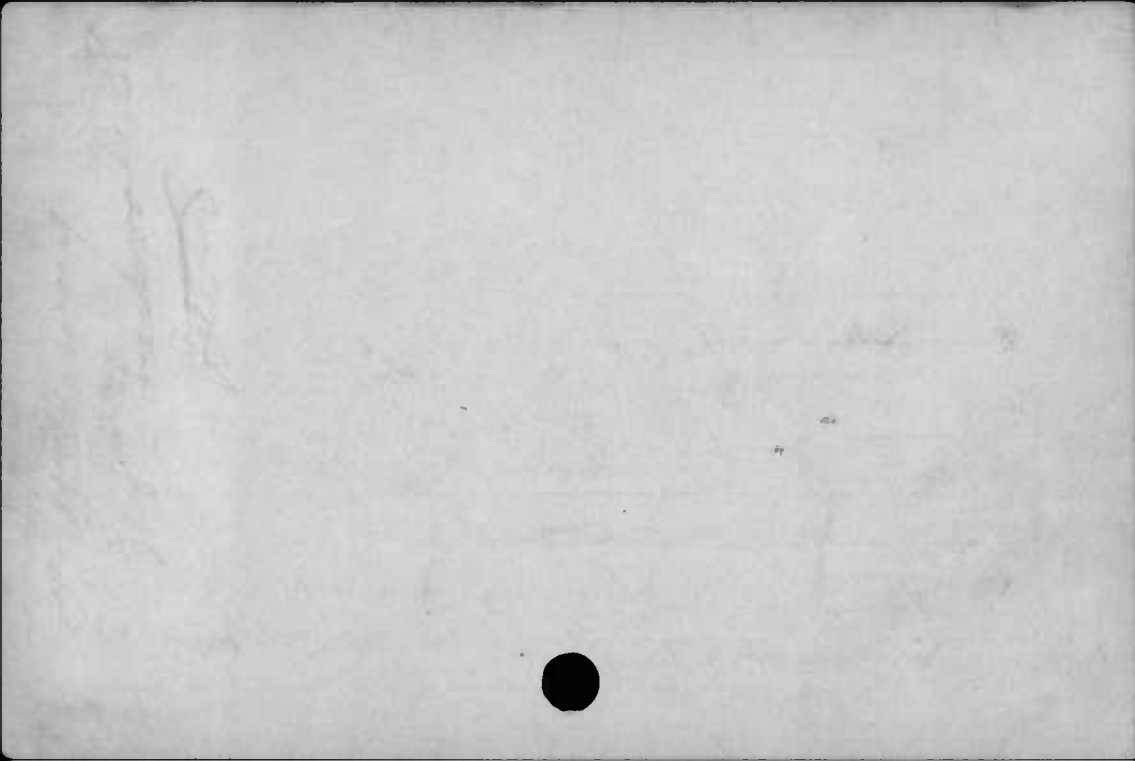
How long *48 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. Ross Payne*

Address *Corbett*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Oliver A Parker		County Baltimore		State MARYLAND	
Died at Overlook Lake ave		Town Baltimore		City Baltimore	
Date of death 1905		Month aug		Day 27	
Age 79		Years 8		Months 3	
Sex male		Color or Race white		Birth- place Maryland	
Occupation Lin Merchant		Where Residing if not at place of death			
Name of Survivor Married		Name of Wife or Husband Mary B Parker			
Father's Name Nathan Parker		Father's Birthplace New Hampshire			
Mother's Maiden Name Mary Anderson		Mother's Birthplace Maryland			
Name of person giving information Mrs Mary B. Parker		How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bacillary disease with cystitis		How long About 15 years	
Immediate Pneumonia		How long One week	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Blument A. Fennell	
Accident or Suicide? No		Address 21 W. Mt Royal Ave Baltimore	

Dr Massenburg please
Grant Stewart & Mowen
Permit for interment in
Green Oak Cemetery & oblige
Stewart & Mowen

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Buckeysville		County Baltimore		MARYLAND	
Date of death		Month Aug	Day 27	Age 13	Months 6	Days 22	
Sex Female		Color or Race Black		Birth-place Buckeysville Md			
Occupation Home				Where Residing if not at place of death Buckeysville Md			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name James Payne				Father's Birthplace Virginia			
Mother's Maiden Name Lizzie Johnson				Mother's Birthplace Buckeysville			
Name of person giving information Mother Lizzie Payne				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lupusculosis	How long	Seven Months
Immediate	General Failure of Vital Powers	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Is	
Signature of Physician		Dr J E Benson	
Address		Buckeysville Md	
Accident or Suicide?			

Interment at Fools
Cemetery Cocheysville
May 29.

W. C. Parks

Please return permits

Name
in
Full

Mary E Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ashland</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1905	8 ^{Month}	3 ^{Day}	Age 55 58 ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>John Price</i>					
Father's Name <i>James Fowler</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Winfield Price</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>about a week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Thos. C. Bussey</i>
	Address <i>Texas</i>
	<i>Md.</i>
Accident or Suicide?	

Ynternational Popular
Cemetery Aug 6

W. C. Brooks

Name in Full Mary L. Raab		Town Highlandtown				County Baltimore		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months		Days	
1905		Aug.		5		3		11	
Sex Female		Color or Race White		Birth-place Md.					
Occupation None		Where Residing if not at place of death _____							
Married, Single or Widowed Single		Name of Wife or Husband _____							
Father's Name John G. Raab		Father's Birthplace Germany							
Mother's Maiden Name Catherine Reibel		Mother's Birthplace Md.							
Name of person giving information John G. Raab		How related to deceased Father							
CAUSES OF DEATH									
Primary Gastro-Enteritis		How long 4 days							
Immediate Acute Meningitis		How long 2 days							
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician G. B. Blade Md							
		Address 121 Jackson Place							
Accident or Suicide? —									

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sacred Heart Cemetery

August - 8th 1905

Germanus Kane

Undated

Name
in
Full

Wm. P. Ransleys

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boring</i> Town		County <i>Balt</i>		MARYLAND	
Date of death 1905	Month <i>Aug</i>	Day <i>7</i>	Age <i>82</i>	Months <i>5</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Shoe Maker</i>			
Name of Wife or Husband _____					
Father's Name _____			Father's Birthplace _____		
Mother's Maiden Name _____			Mother's Birthplace _____		
Name of person giving information <i>Agulla A Reese</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long
Immediate <i>Cystitis</i>	How long <i>sig weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Joseph Wilson</i>
	Address <i>Frederickburg Md</i>
Accident or Suicide?	

Laudan Park

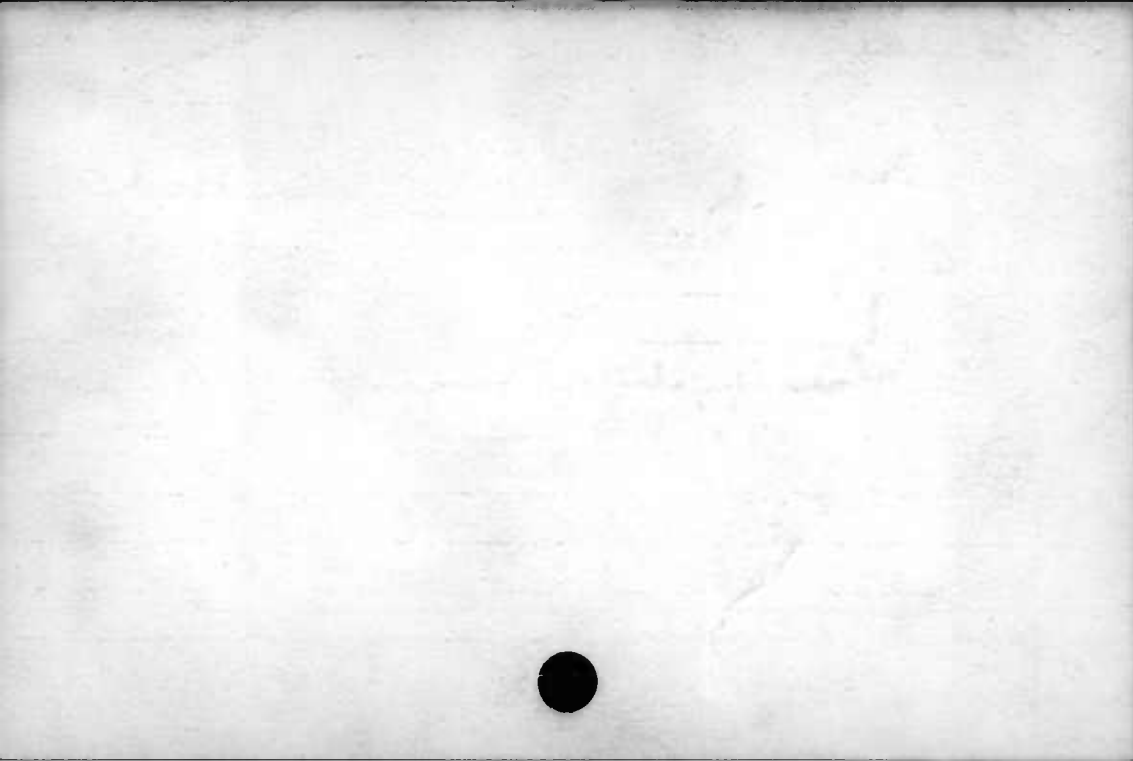
Aug 18-08

A. S. Marshall

Name in Full Catherine Regina Riehl		Town Highlandtown		County Baltimore		CERTIFICATE OF DEATH	
Died at		MAYLAND					
Date of death	Month	Day	Age	Years	Months	Days	
1905	8	9	1	1	8	—	
Sex	Color or Race		Birth-place				
Female	White		Md.				
Occupation	Wm. Feeding at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Caspar Joseph Riehl				Father's Birthplace	Germany	
Mother's Maiden Name	Maria Elizabetha Bieger				Mother's Birthplace	Germany	
Name of person giving information	C. J. Riehl				How related to deceased	Father	
CAUSES OF DEATH							
Primary	Pneumonia				How long	3 wks	
Immediate	Cerebral abscess & E. heart				How long	1 wk	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		F. W. Glantz		
			Address		41 Eastern Ave.		
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Infant of Chas. & Emma Saccline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *St. Helena* ^{Town}*Balto.* ^{County}

MARYLAND

Date
of death *190*Month *8*Day *6*

Age

Years

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Balto. Co. Ma*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Chas. Saccline*Father's
Birthplace*Balto Ma*Mother's
Maiden Name*Not Known*Mother's
Birthplace*"*Name of person giving
In formation*John Winholdt*How related
to deceased*—*

CAUSES OF DEATH

Primary

Still Born

How long

—

Immediate

How long

*—*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. E. Coorick**Shannon Pt.**E. Lambert Yourex*
Sho Point

Accident or Suicide?

H. Sanders and Son
Sacred Heart Cem.

Name

in
Full

CERTIFICATE OF DEATH

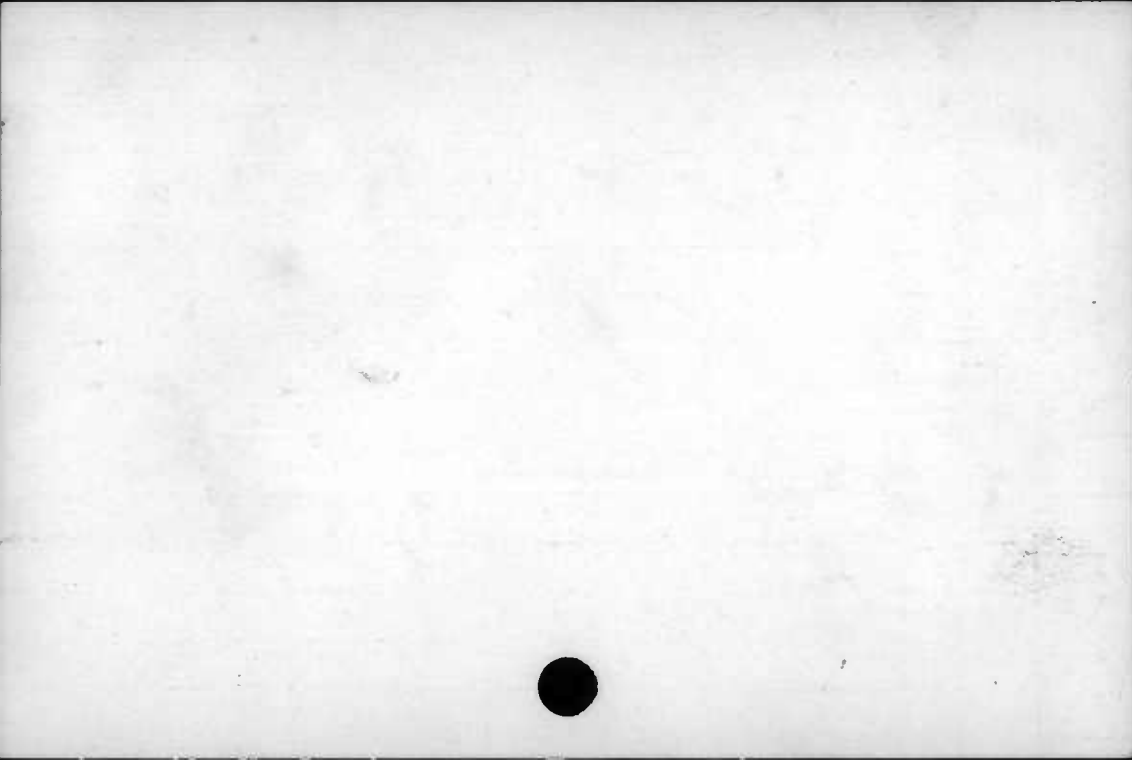
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1905	Month	August	Day	19
Age	2-	Years		Months	9
Sex	Male	Color or Race	White	Birth-place	Pikesville
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	G. Albert L. Salter			Father's Birthplace	Baltimore Md
Mother's Maiden Name	Lillian M. Tucker			Mother's Birthplace	Pikesville Md
Name of person giving information	G. Albert L. Salter			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever.</i>	How long	<i>2 months.</i>
Immediate	<i>Peritonitis</i>	How long	<i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>W. L. Cox M.D.</i>
		Address	<i>Artington.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

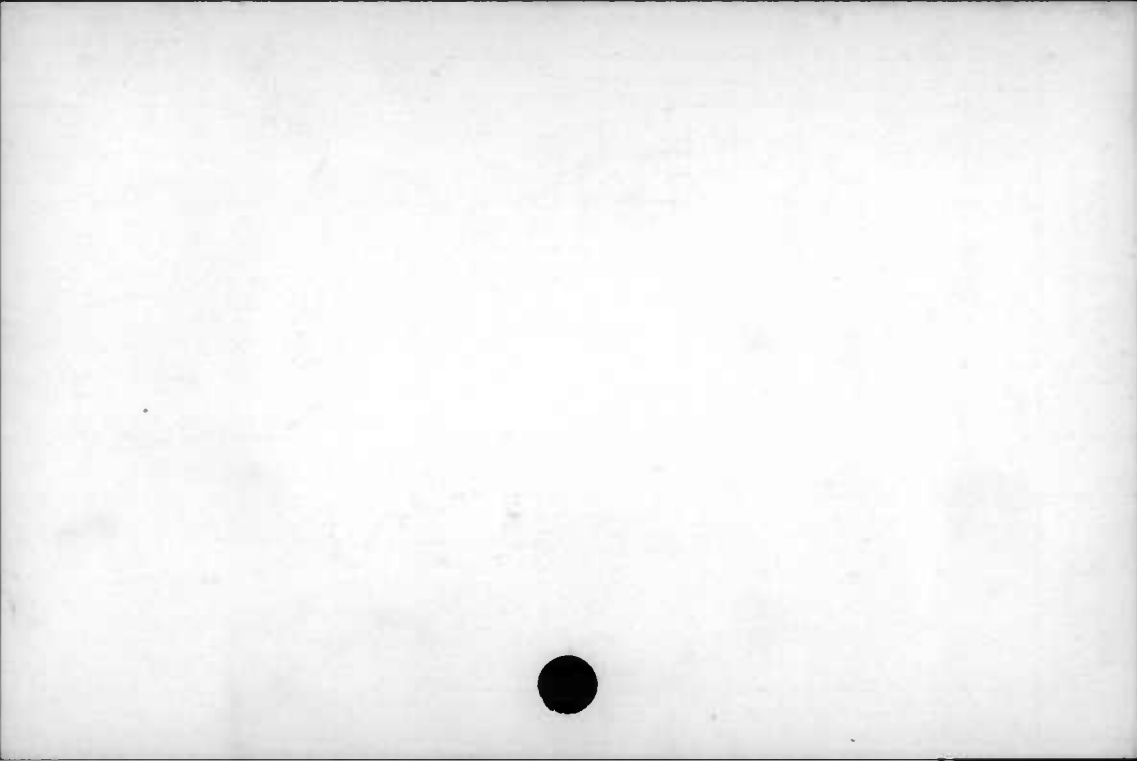
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Schmidt, Mary</i>		Town <i>Leatonville</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
		<i>1905 Aug 30th</i>		<i>38</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry A. Schmidt</i>					
Father's Name <i>George Ehrman</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Catherine Craig</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Henry A. Schmidt</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Mania</i>	How long	<i>1 yr.</i>
Immediate	<i>Valvular Dis of Heart</i>	How long	<i>6 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Gray Nade</i>	
<i>Yes.</i>		Address <i>Leatonville, Md</i>	
Accident or Suicide?			
<i>No</i>			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gorans</u> Town		<u>Bullo</u> County <u>county</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>aug</u>	Day <u>22</u>	Years <u>26</u>	Months <u>10</u>	Days <u>8</u>
Sex <u>male</u>	Color or Race <u>white American</u>		Birth-place <u>Bullo</u>		
Occupation <u>Electrolyper</u>	Where Residing if not at place of death <u>York Road Oakland</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>John Henry Sipp</u>	Father's Birthplace <u>Bullo</u>				
Mother's Maiden Name <u>Annie Dittrich</u>	Mother's Birthplace <u>Bullo</u>				
Name of person giving information <u>Carrie Burns</u>	How related to deceased <u>Aunt</u>				

CAUSES OF DEATH

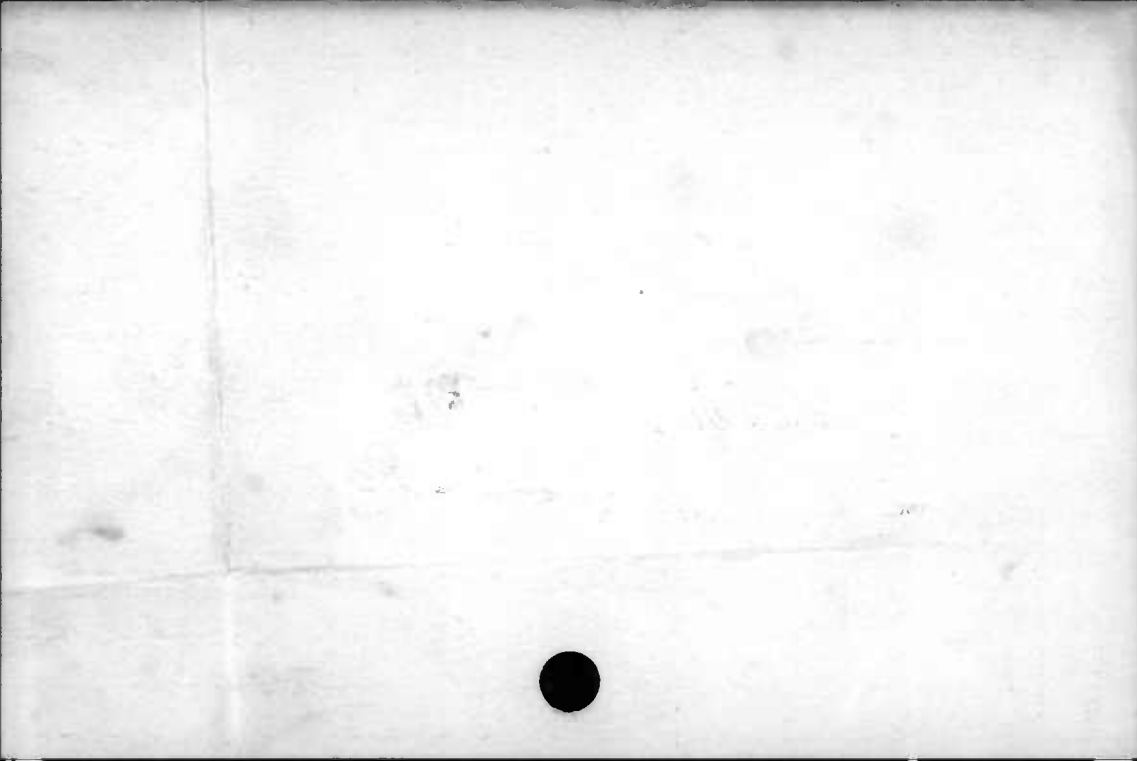
PHYSICIAN
OR CORONER

Primary <u>Gastritis</u>	How long <u>73 days</u>
Immediate <u>Dysentery</u>	How long <u>15 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. Clyde Burns M.D.</u>
	Address <u>415 N. Fayette St.</u>
Accident or Suicide?	

Booy
Removed to 2005 ~~1309~~ Jackson
St

Was Cook
502 E. North Ave

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Oakland</i>		Town <i>Balto</i>		County <i>Balto</i>	
	Date of death <i>1905 Aug.</i>		Month <i>29</i>	Day <i>76</i>	Years <i>41</i>	Months <i>27</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto</i>			
	Occupation <i>Farmer</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emma V. Changle</i>				
	Father's Name <i>Noah Shanks</i>	Father's Birthplace <i>England</i>				
	Mother's Maiden Name <i>Rachel Wisner</i>	Mother's Birthplace <i>"</i>				
	Name of person giving information <i>Walter Shanks</i>	How related to deceased <i>Son</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Cancer</i>		How long <i>4 years</i>		How long <i>1 year</i>	
	Immediate <i>Enural Examination</i>		Signature of Physician <i>G. J. [Signature]</i>		Address <i>1111 Freedman</i>	
	Are the name, age, sex, color, date and place correctly given above?		Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Alberton* Town*Baltimore* CountyDate of death *1905 Aug*Day *28*Age *—* YearsMonths *—*Days *—*Sex *Male*Color or Race *White*Birth-place *Alberton, Md*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name*William B. Shoemaker*Father's
Birthplace*Va.*Mother's
Maiden Name*Lucretia Speaks*Mother's
Birthplace*Va.*Name of person giving
In formation*Lucretia Shoemaker*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Malposition, Pressure on Cord

How long

How long

Immediate

*Intra Uterine Asphyxia*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*W. B. Lambrell**Alberton, Md.*Accident *—*?



Name
in
Full

William Slade

CERTIFICATE OF DEATH

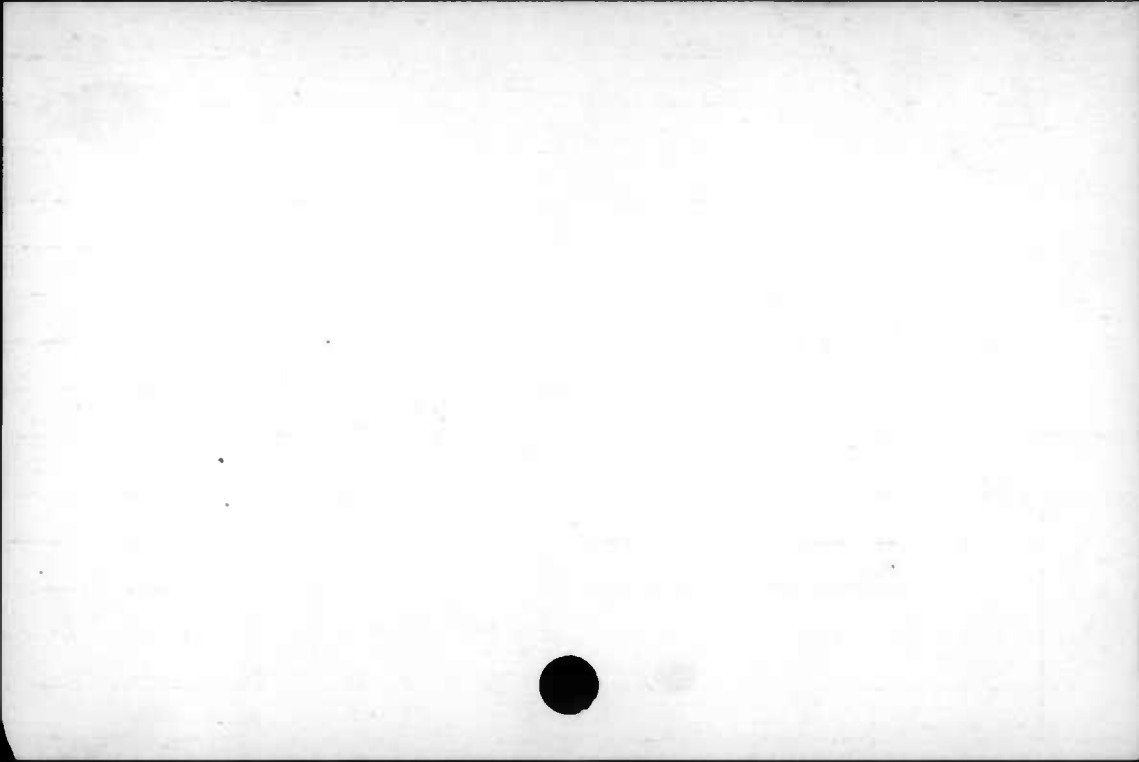
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Tcwn		County		MARYLAND	
White Hall		Baltimore					
Date of death	1903	Month	Aug	Day	17	Years	82
Age		10		Months		17	
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Farmer			Where Residing if not at place of death	White Hall		
Married, Single or Widowed	Married	Name of Wife or Husband	Julia P. Slade				
Father's Name	Christopher Slade				Father's Birthplace	Md	
Mother's Maiden Name	Delilah Crenighton				Mother's Birthplace	Md	
Name of person giving information	W H Pearce				How related to deceased	Grand Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility	How long	154
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	W. Millard Stirling		
	Address		
	Shaner		
	Md.		
Accident or Suicide?			



Name

in
Full

Ann Amelia Smith

CERTIFICATE OF DEATH

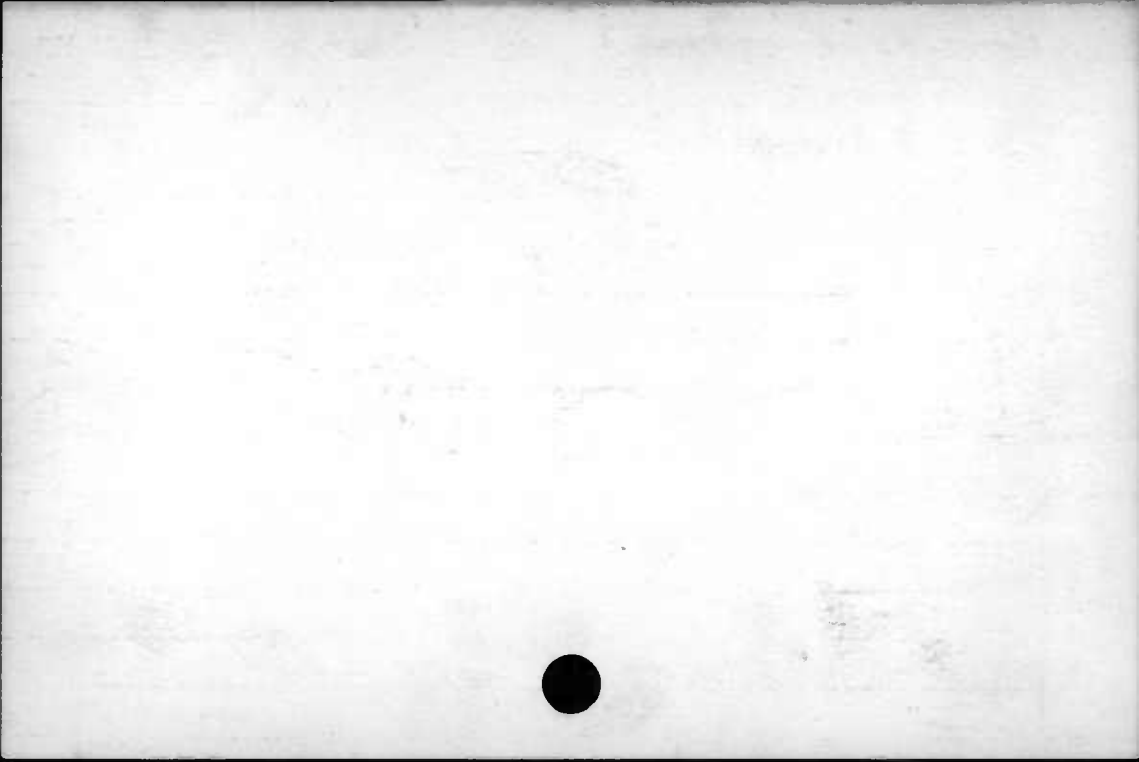
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>August</i>		Day <i>1st</i>		Years <i>45</i>	
Sex <i>Female</i>		Color or Race <i>Anglo Saxon</i>		Months <i>11</i>		Days <i>26</i>	
Occupation		Where Residing if not at place of death <i>Catonville</i>		Birthplace <i>Catonville Balto Co</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>J. Frank Smith</i>					
Father's Name <i>Ruben Jones</i>		Father's Birthplace <i>Balto Co Md</i>					
Mother's Maiden Name <i>Julia W. Jones</i>		Mother's Birthplace <i>Balto Co Md</i>					
Name of person giving information <i>J. Frank Smith</i>		How related to deceased <i>husband</i>					

CAUSES OF DEATH

Primary <i>Epithelioma of large</i>	How long
Immediate <i>intestine, sigmoid flexure & rectum</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Alice S. Parkhurst M.D.</i>
	Address <i>1410 Park Ave.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name in Full		Town				County		STATE	
Frank Smith						Baltimore		MARYLAND	
Died at		Date of death		Month	Day	Years	Months	Days	
1905		Aug		16		Age		8	
Sex		Male		Color or Race		Black		Birth-place	
								North Point	
Occupation				Where Residing if not at place of death		Child and in country		brought to city for treatment	
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Wm. Smith		Father's Birthplace		Virginia			
Mother's Maiden Name		Mary Rayon		Mother's Birthplace		"			
Name of person giving information		Mary R. Smith		How related to deceased		Sister			
<div style="text-align: center;">CAUSES OF DEATH</div>									
Primary		Cholera Infantum				How long		10 days	
Immediate						How long			
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		M. F. J. Cameron	
						Address		408 N. Broadway	
Accident or Suicide?									



TO BE ANSWERED BY
NEAREST FRIEND

David R. Smith				CERTIFICATE OF DEATH	
Died at <u>Fork</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1905</u> ^{Month} <u>Aug</u> ^{Day} <u>1</u>	Age <u>64</u> ^{Years}		<u>Months</u>		<u>Days</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Pennsylvania</u>			
Occupation <u>Farmer</u>		Where Residing if not at place of death			
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>Rosana Smith</u>				
Father's Name <u>Peter B. Smith</u>	Father's Birthplace <u>Pennsylvania</u>		Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Eliabeth Dick</u>	Name of person giving information <u>Mrs. Rosana Smith</u>		How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>ossification of the arteries</u>	How long <u>one year</u>
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. F. Foxworth M.D.</u>
	Address <u>Fork Md.</u>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>John H. Smith</i> Town <i>Highlandtown</i>		County <i>Baltimore County</i>		MARYLAND	
Date of death	190 <i>5</i>	Month <i>8</i>	Day <i>9</i>	Age Years	Months <i>—</i> Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>244 Lombards Ex</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John H. Smith</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Bertha E. Magsemmer</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving In formation <i>John H. Smith</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary	<i>Cyanosis</i>	How long	<i>50</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. S. Warner</i>	
		Address <i>1120 Highland</i>	
Accident or Suicide? <i>—</i>			

PHYSICIAN
OR CORONER

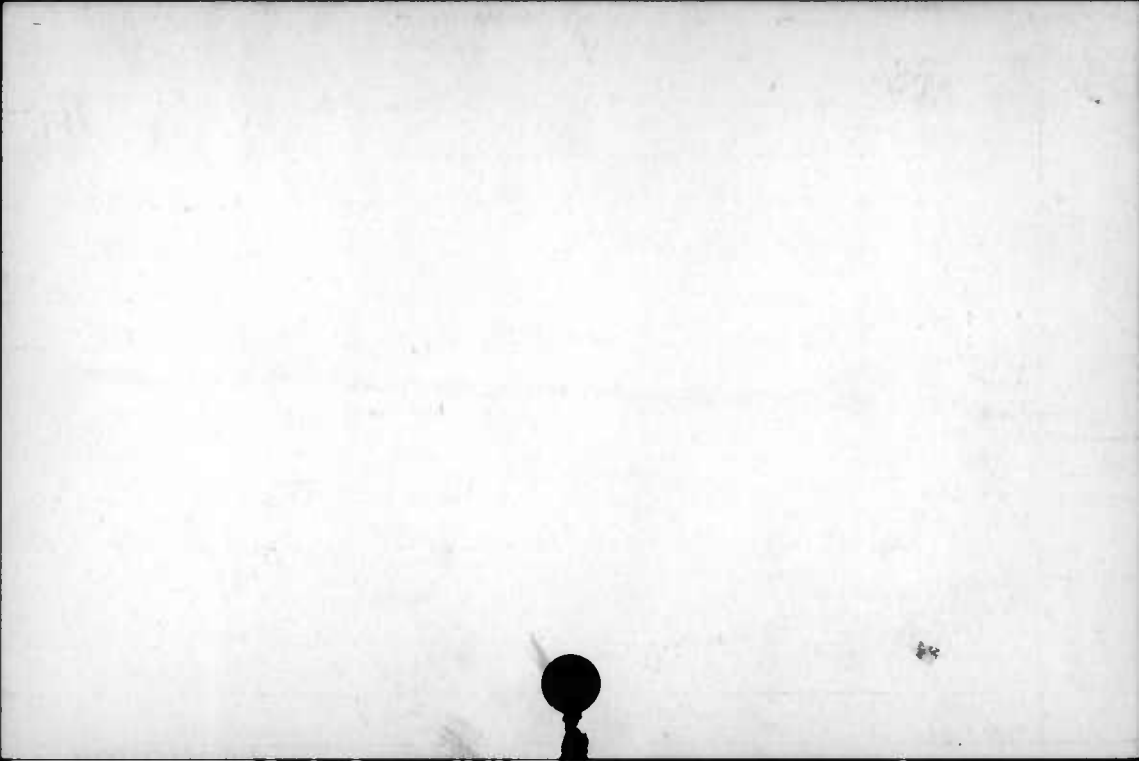
Oak Lawn Cemetery

Louis Heermann

6 S Carolina St

B M.

Name in Full		Certificate of Death			
Oliver Morddene Smith		Baltimore			
Died at Catonsville		Maryland			
Date of death 190		Month	Day	Age	Months
August 24					5
Sex		Color or Race	Birth-place		
Boy		Colored	Catonsville		
Married, Single or Widowed		Occupation			
-		-			
Name of Wife or Husband					
-					
Father's Name			Father's Birthplace		
Frank Smith			Howard Co Md		
Mother's Maiden Name			Mother's Birthplace		
Birtie Kelly			Virginia		
Name of person giving information			How related to deceased		
Father -			Father		
CAUSES OF DEATH					
Primary		How long			
Cholera Infantum		2 weeks			
Immediate		How long			
Inanition		2 Days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		J. Chas. Macphee			
		Address			
		Catonsville			
		Md			
Accident or Suicide?					



Name
in
Full

Frederick B. Sauder

CERTIFICATE OF DEATH

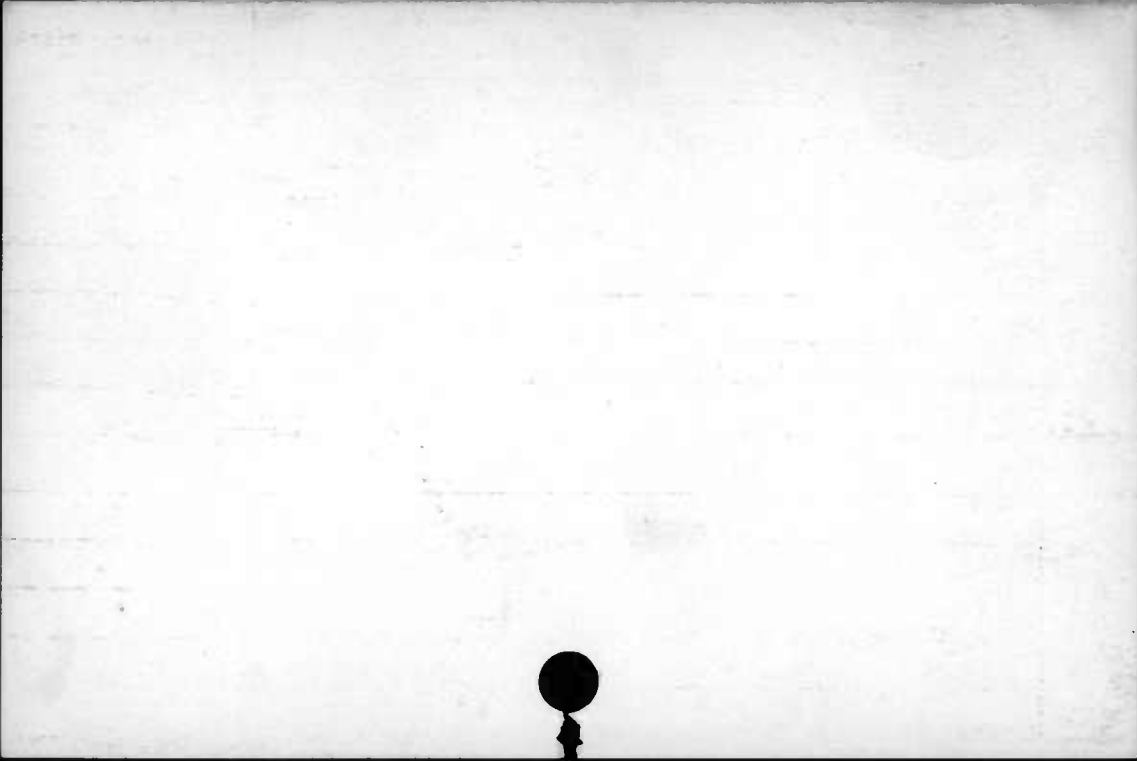
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Baltimore		MARYLAND	
Date of death		1905	Month August	Day 12	Age 37	Years 8	Months 11
Sex		Male		Color or Race White		Birth-place Baltimore, Md	
Occupation Stenographer				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Lizzie Sauder					
Father's Name		Frederick Sauder				Father's Birthplace Germany	
Mother's Maiden Name		Johanna				Mother's Birthplace Germany	
Name of person giving information		Johanna				How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	One Year
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. L. Peckard M.D.	
Address		410 S. Canton St. Baltimore	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

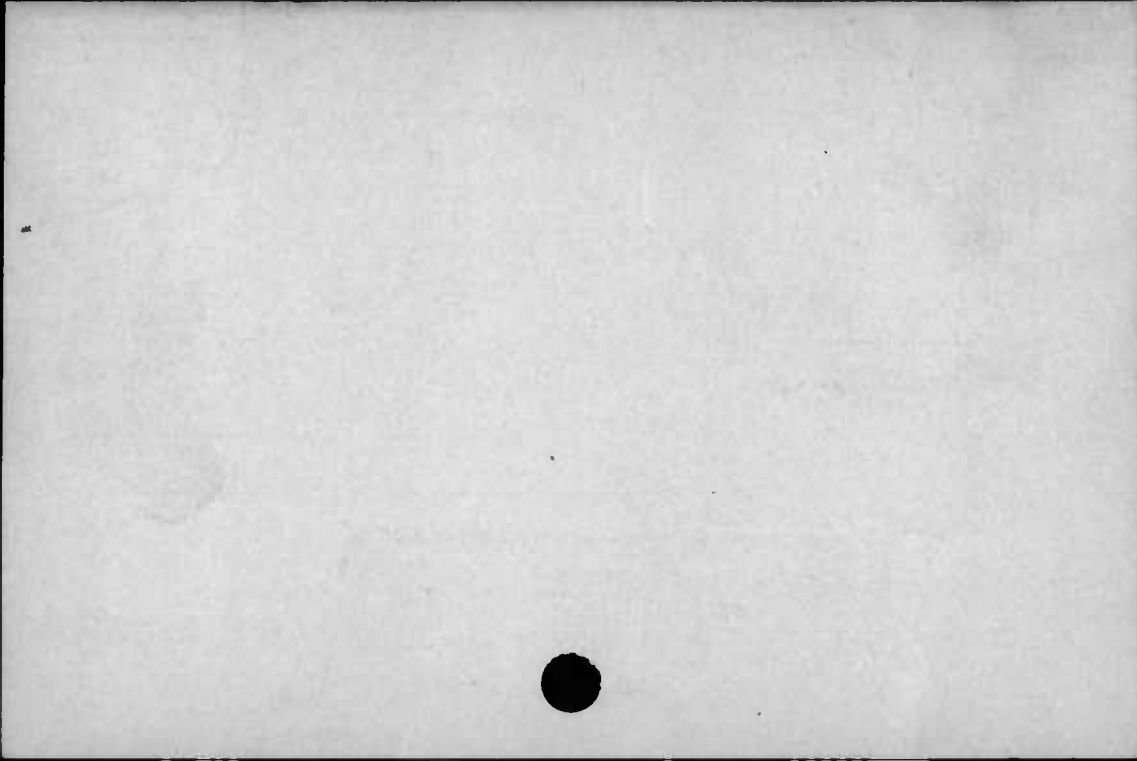
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Robert J. Spickerman		Town Wootville		County Balto		State MARYLAND	
Died at Wootville		Month May		Day 29		Years 19	
Date of death 1905		Month May		Day 29		Years 19	
Sex Male		Color or Race White		Birth-place Balto Co.		Days 2	
Occupation ✓				Where Residing if not at place of death Wootville			
Married, Single or Widowed Single		Name of Wife or Husband ✓					
Father's Name Hy. J. Spickerman				Father's Birthplace City			
Mother's Maiden Name Wiley Jenkins				Mother's Birthplace City			
Name of person giving information St. J. Spickerman				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Ileo-Colitis	How long 1 Mo
Immediate Pneumonia	How long 14 dys.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Howard W. Jones
	Address 1286 Frederick St.
Accident or Suicide? No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Estella Stehney</i>		Town <i>Deerpark</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Deerpark</i>		Month <i>8</i>		Day <i>29</i>		Years <i>17</i>	
Date of death 190 <i>5</i>		Month <i>8</i>		Day <i>29</i>		Age <i>17</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Balt. Co.</i>		Months <i>—</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>		Days <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Alexander Stehney</i>				Father's Birthplace <i>Balt. Co.</i>			
Mother's Maiden Name <i>Hester Griffiths</i>				Mother's Birthplace <i>Balt. Co.</i>			
Name of person giving information <i>Alfred Stehney</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Tuberculosis</i>	How long <i>about 1 year.</i>
Immediate <i>Exhaustion</i>	How long <i>17</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. L. Jones M.D.</i>
	Address <i>Bellevue, Tenn.</i>
Accident or Suicide? <i>—</i>	

at Union Cemetery

Name
in
Full

CERTIFICATE OF DEATH

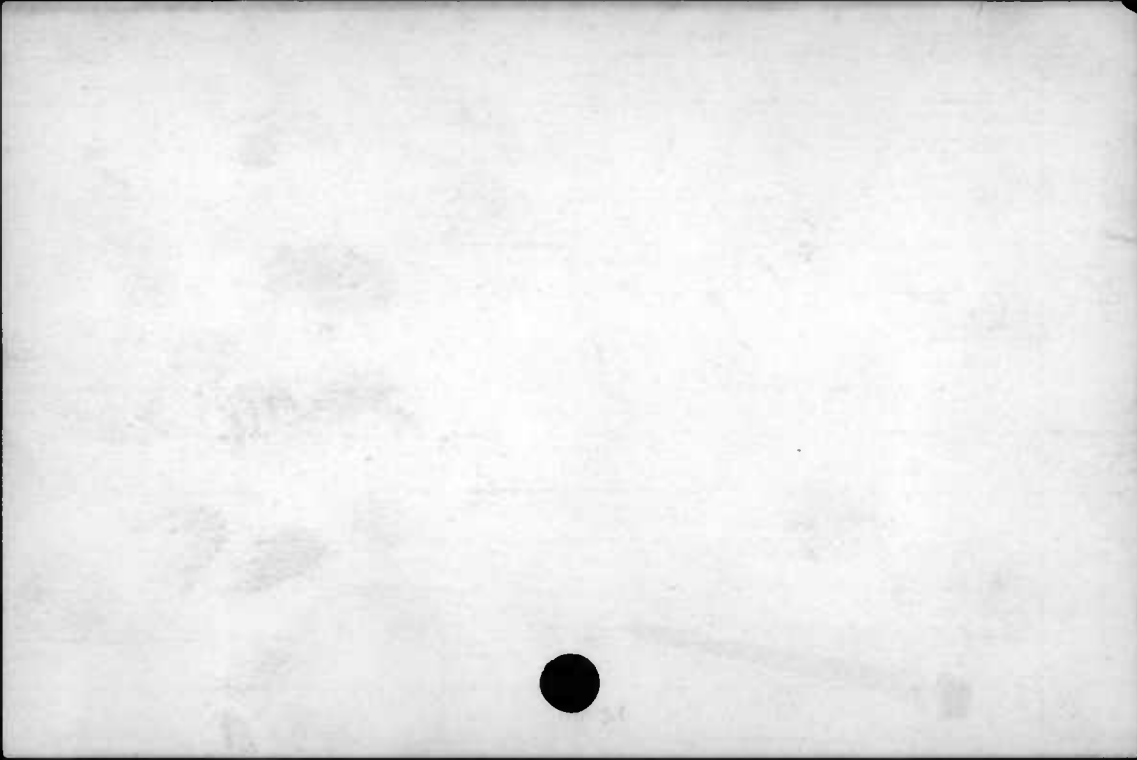
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woolman</i> Town <i>Baltimore</i> County <i>Baltimore</i>			MARYLAND		
Date of death <i>1905</i> Month <i>Aug.</i> Day <i>17</i>		Age <i>81</i> Years		Months <i>1</i>	Days <i>26</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto. County</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Sutch</i>			
Father's Name <i>Elijah Brown</i>		Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Catherine Haribal</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Katie Sutch</i>		How related to deceased <i>Granddaughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritic Interstitial</i>	How long <i>1 year</i>
Immediate <i>General Debility of age</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. C. Smith</i>
<i>Yes</i>	Address <i>Woodlawn Old</i>
Accident or Suicide? <i>—</i>	<i>Med</i>



Name
in
Full

Minnie Louisa Swan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Monkton		County ^{County} Baltimore		MARYLAND	
Date of death 1905	Month 8	Day 23	Age 19	Months 4	Days 22
Sex female	Color or Race Black		Birth-place Monkton end		
Married, Single or Widowed Single		Occupation House work			
Name of Wife or Husband					
Father's Name Edward Swan			Father's Birthplace Md.		
Mother's Maiden Name Mary E. Bond			Mother's Birthplace		
Name of person giving information Mary E. Swan			How related to deceased mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Killed by being struck by locomotive at Monkton station	How long Instantly.
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Wm. E. Anderson
	Address Coroner
Accident or Suicide? Accident	



Name
in
Full

Ezekiah W. Veirs

CERTIFICATE OF DEATH

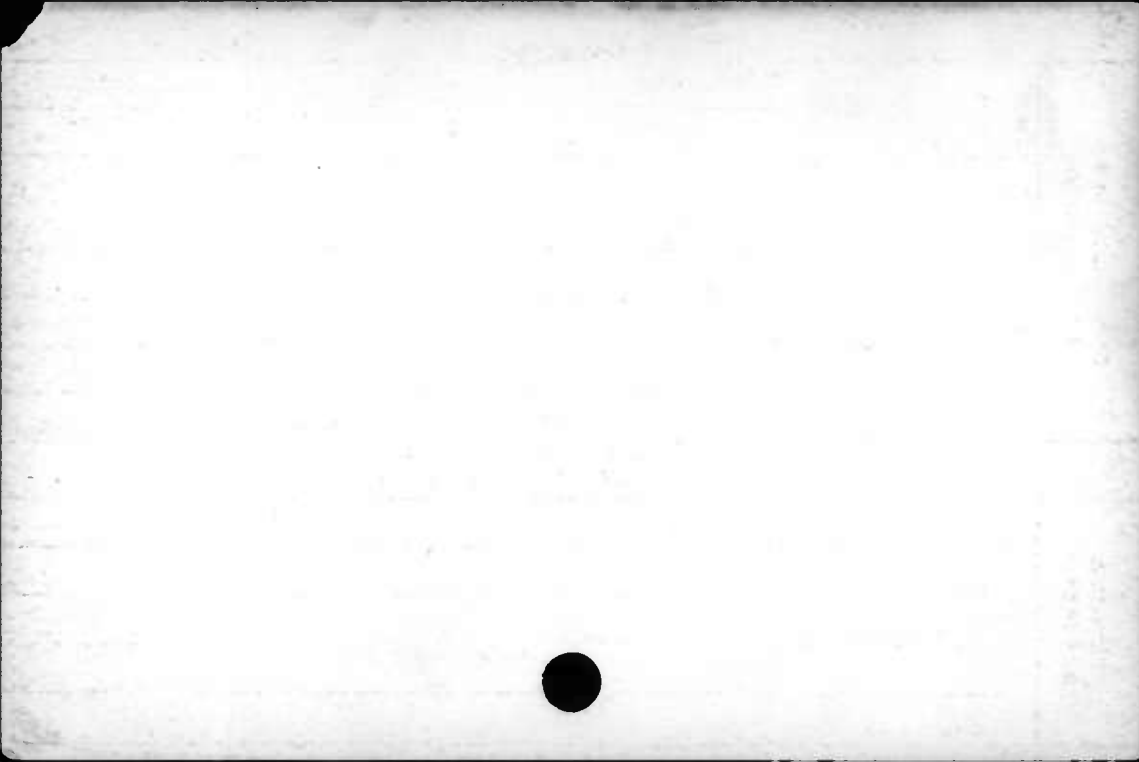
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>8</i>	Day <i>16</i>	Years <i>81</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Carpenter</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>H. H. Matthews</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>beriberi of liver</i>	How long <i>about 1 year</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. O. E. Myer</i>
	Address <i>Pikesville Md</i>
Accident or Suicide? <i>—</i>	



Mary Walsh

Died at ^{Town} Swetair ^{County} Baltimore

MARYLAND

Date 1905 Aug, 26 | Age 63. | Native of Ireland. | Occupation None.
~~Male~~ White ~~Married~~ Widow ~~Divorced~~ Now, nine
 Female ~~Colored~~ Single ~~Widow~~ Number of children living

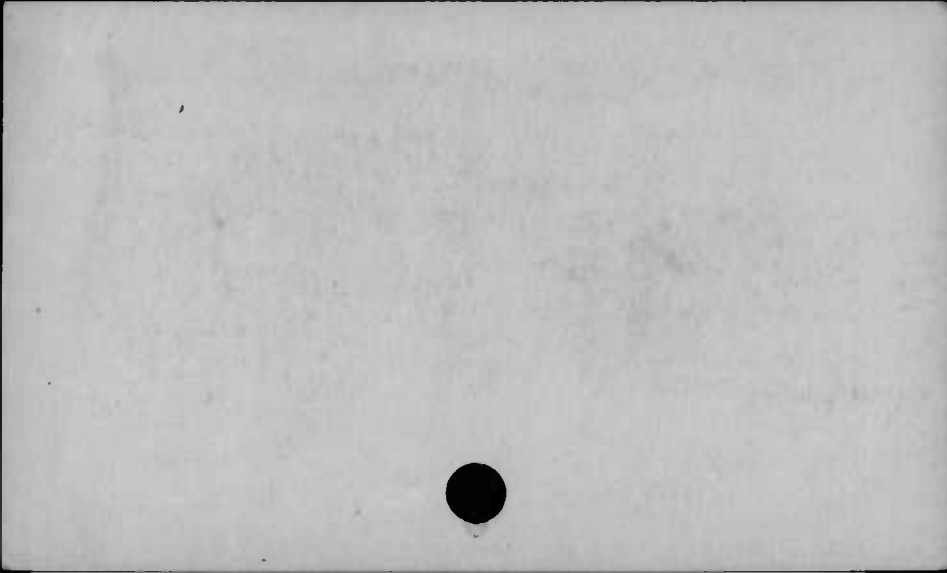
~~Husband of~~
 Widow Patrick Walsh.

Father's Name Andrew Roach Mother's Name Hannah Roach
 Maiden Name

Cause of Death { Primary Cirrhosis of Liver
 Immediate ascites
 How long sick 4 months
~~Accident, Suicide, Homicide~~

Reported by Thos. H. Emory D. D.
 Address Monteton, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Unmarried Infants Wayland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middle River</i> ^{Town}		<i>Baets</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Aug</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Hy Wayland</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Christoph</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Hy Wayland</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>(15)</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

yes

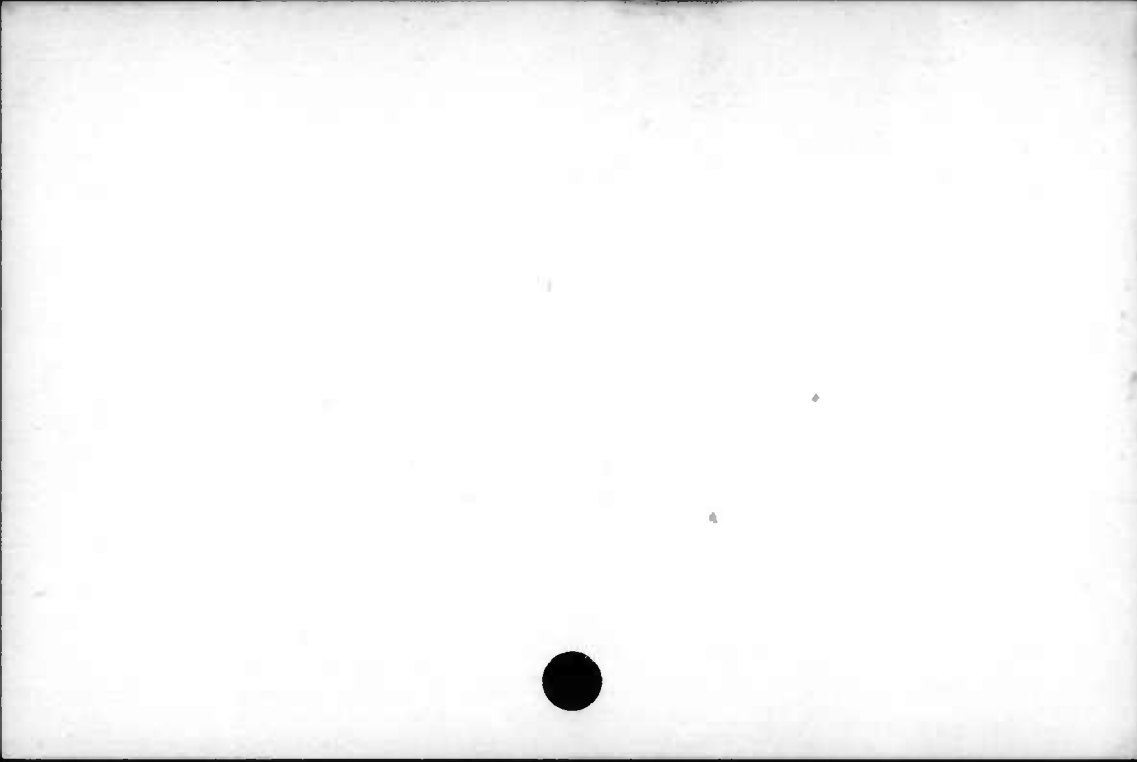
Signature of Physician

Address

John W. Hansen, D. O.
Middle River md

Accident or Suicide?

no



Name
in
Full

— Still Born

Needon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cockeysville* Town

Baltimore County

Date of death *1905* Month *Aug*

Day *31*

Age *—* Years

Months

Days

Sex *Male*

Color or Race *Colored*

Birth-place *Cockeysville*

Occupation *—*

Where Residing if not at place of death *—*

Married, Single *Widowed*

Name of Wife or Husband *—*

Father's Name *Thos Jefferson Needon*

Father's Birthplace *Hardinsville Md*

Mother's Maiden Name *Sarah Elizabeth Taylor*

Mother's Birthplace *Cockeysville*

Name of person giving information *Sarah E. Needon*

How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Unknown - Permatum*

How long *—*

Immediate *Do not know Child had been dead a week before labor*

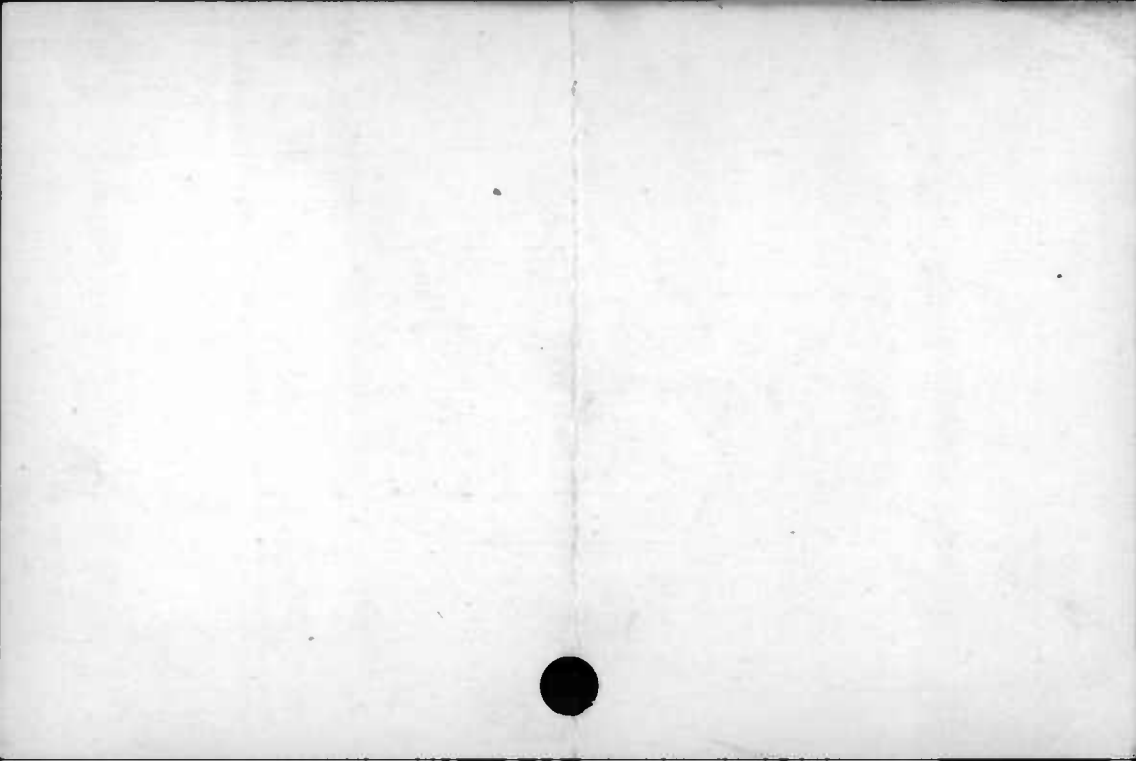
How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. R. R. Brown*

Address *Cockeysville Md*

Accident or Suicide? *—*



Name in Full		Lorenz Weinbeck				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Canton		Baltimore		MARYLAND		
	Date of death	1905	Month Aug.	Day 21	Years 85	Months	Days 18	
	Sex	Male		Color or Race	White		Birth-place	Germany
	Occupation	Dairy man			Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Barbara Sommer				
	Father's Name	Matthew Weinbeck				Father's Birthplace	Germany	
	Mother's Maiden Name	don't know				Mother's Birthplace	Germany	
Name of person giving information	Barbara Weinbeck				How related to deceased	Wife		
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Senility				How long		
	Immediate	Exhaustion				How long	one month	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Jed S. Stoner M.D.		
	Accident or Suicide?				Address	1001 E. Bay View St. Baltimore		

Sacred Heart Cemetery

Aug. 24 th 1904

Germanus France

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clatsville</i> ^{Town}		<i>Polk</i> ^{County}		MARYLAND	
Date of death 1905	Month <i>Aug</i>	Day <i>8</i>	Age <i>44</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>X</i>			How related to deceased <i>X</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paranoia</i>	How long <i>6 yrs.</i>
Immediate <i>Valvular Dis of the heart</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Percy Wade</i>
	Address <i>Clatsville, Ind</i>
Accident or Suicide? <i>No.</i>	

Germanus France
Assdestaker

Sacred Heart Cem.

Aug 11th 1906

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Viola Whittington</i>		Town <i>Howardville</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Howardville</i>							
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>30</i>	Age <i>3</i>	Years	Months	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Howardville</i>					
Occupation			Where Residing if not at place of death <i>Howardville</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George Whittington</i>		Father's Birthplace <i>Balto Co</i>					
Mother's Maiden Name <i>Ella Whittington</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Ella Whittington</i>		<input checked="" type="checkbox"/>				How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stomach Poison eating Crabs.</i>	How long <i>12 hours.</i>
Immediate <i>Convulsions.</i>	How long <i>10 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>M. W. Cox M.D.</i>
	Address <i>Arlington.</i>
Accident or Suicide?	

2 1/2 10 in Long
10 in Wide
7 1/2 in deep

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hosp.</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Aug.</i>	Day <i>28</i>	Years <i>18</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place				
Occupation <i>None</i>	Where Residing if not at place of death						
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. Manna M.D.</i>
	Address <i>St. Agnes Hosp.</i>
Accident or Suicide?	

181

12



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Minnie A Wiley</i>		Town <i>Hopewell Farm</i>		County <i>Baets</i>		STATE MARYLAND	
Died at		Month <i>Aug</i>		Day <i>11</i>		Years <i>68</i>	
Date of death <i>1905</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>U. S.</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Wiley</i>					
Father's Name <i>Dan'l. H. Aries</i>		Father's Birthplace <i>U. S.</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>U. S.</i>					
Name of person giving information <i>James Wiley</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Uterus</i>	How long	<i>11 months</i>
Immediate	<i>as above</i>	How long	<i>as above</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. W. Gannay M.D.</i>	
Yes		Address <i>304 Bank st. Ex 1st</i>	
Accident or Suicide?		<i>No</i>	

~~Dr Army Band St. H. V.~~

Baltimore Arm
H. Sander & Sons

Name
in
Full

Barton Wilkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Endowment Hospital*

Town

Balts County

County

MARYLAND

Date of death *1905*

Month

8

Day

19

Years

Age

24

Months

Days

Sex *male*Color or
Race*white*Birth-
place*Baltimore, Md*

Occupation

*Clerk*Where Residing if not
at place of death~~Married~~ Single
~~or Widowed~~Name of Wife or
HusbandFather's
Name*Charles H. Wilkins*Father's
Birthplace*Baltimore*Mother's
Maiden Name*Alice Johnson*Mother's
Birthplace*Post Deposit*Name of person giving
In formation*Wife Wilkins*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 1/2 years

Immediate

Exhaustion

How long

*Two weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*H. A. Jarrett*

Address

Johnson, Md.

Accident or Suicide?

*no*PHYSICIAN
OR CORONER

E. M. M. T. h. u. l. e
1201 W. Fayette St.
The London Park
Baltimore

Name
in
Full

Ravine S. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Biddle Street Aptd</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1905-</i>	Month <i>8</i>	Day <i>28</i>	Age <i>17</i>	Years	Months <i>4</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto. City</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Isaiah O. B. Williams</i>			Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Mary C. Fossett</i>			Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Mary C. Williams</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>1 month</i>
Immediate <i>Bronch pneumonia</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. H. Thompson</i>
	Address <i>4526 St. Paul st</i>
Accident or Suicide? <u> </u>	



Certificate of Death

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Burns' Sons

Sater's Church

Name
in
Full

Florence E Wilson 8/3/19

CERTIFICATE OF DEATH

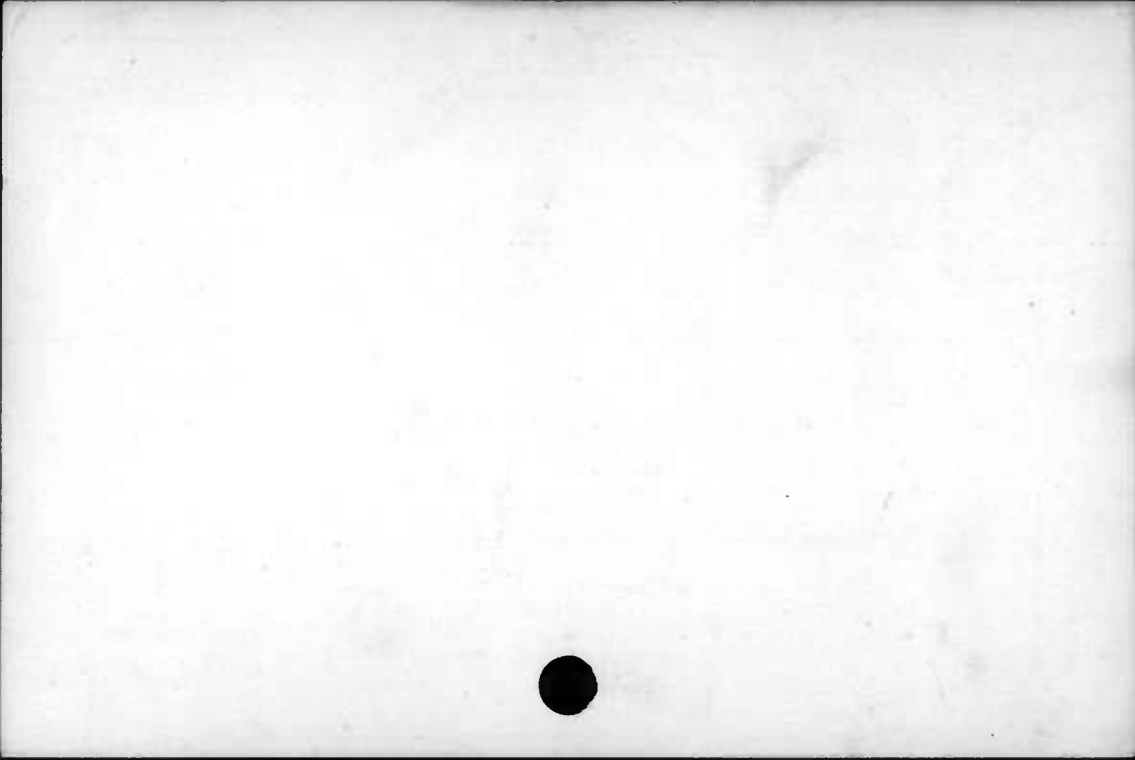
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Reisterstown</u>		County <u>Balto</u>		MARYLAND	
Date of death	1905	Month	aug	Day	13
Age		18		Months	
Sex	Female	Color or Race	colored	Birth-place	Balto Co Md
Occupation	House Girl		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Lewis Wilson			Father's Birthplace	Balto Co Md
Mother's Maiden Name	Cassie Shattuck			Mother's Birthplace	Balto Co Md
Name of person giving information	Cassie Wilson			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Perinatal TBir th	How long	2 wks
Immediate	Septicemia	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H M Seader
		Address	Reisterstown Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Hinder

MARYLAND

Died at ^{Town} *Cherry Phoenix*

^{County} *Baltimore*

Date of death 1905 ^{Month} *8*

^{Day} *24*

Age ^{Years} *—*

^{Months} *2*

^{Days} *15*

Sex *Female*

Color or Race *Colored*

Birth-place *(Near) Phoenix*

Occupation *—*

Where Residing if not at place of death *—*

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name *Joshua Hinder*

Father's Birthplace *Near Sumner*

Mother's Maiden Name *Georganna Hinder*

Mother's Birthplace *(N) Ashland*

Name of person giving information *Joshua Hinder*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Diarrhea*

How long *105*

Immediate *Diarrhea*

How long *2 weeks*

Are the name, age, sex, color, and place correctly given abc

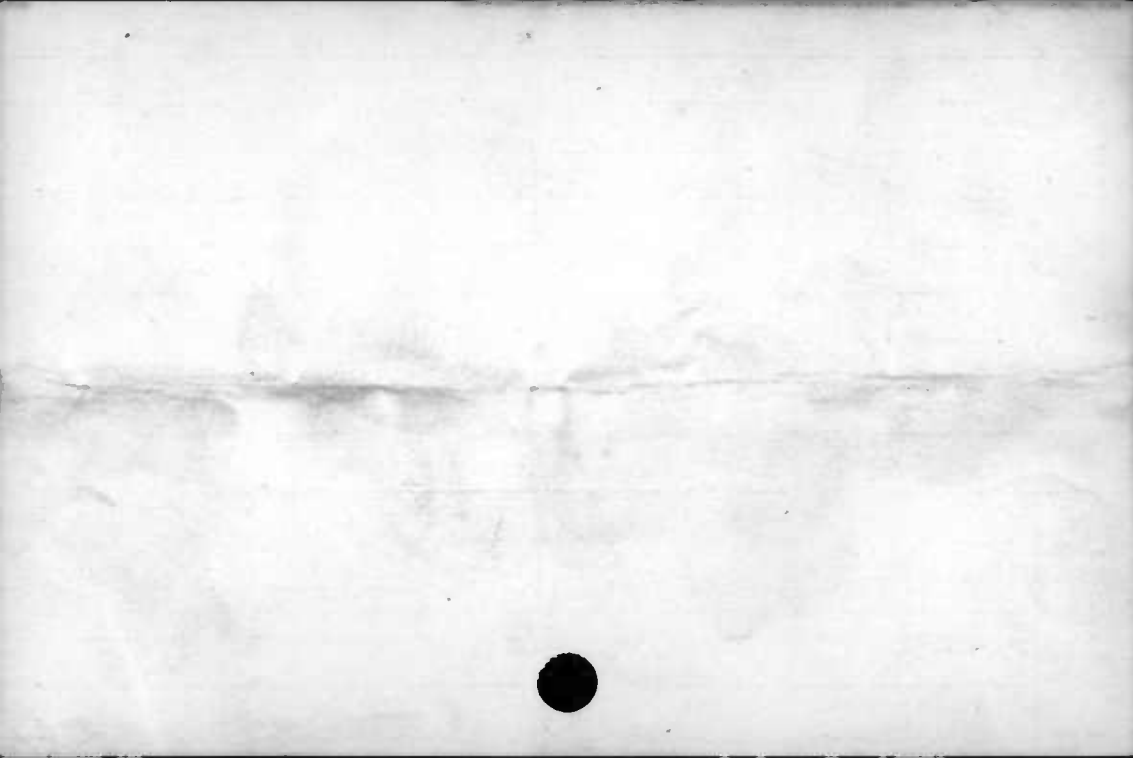
Signature of Physician *J. T. Payne*

Address *Sumner Brook*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		John Alexander Wright				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Soldiers Delight		County Balto.		MARYLAND
	Date of death	1903	Month Aug.	Day 10	Age	Years —	Months 10
	Sex	Male		Color or Race	Black		Birth-place Balto. Md.
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Married or Wife or Husband			
	Father's Name			John Wright		Father's Birthplace Balto. Md.	
	Mother's Maiden Name			Ida Gaston		Mother's Birthplace Balto. Md.	
Name of person giving information			John Campbell		How related to deceased Cousin		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Marasmus			How long 6 months	
	Immediate		Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician R. A. Wells M.D.			
				Address Harrisonville			
Accident or Suicide?							

